



Commission & Council Quarterly Report

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Administrative Report

First Quarter October 1-December 31-2013

I. EXECUTIVE DIRECTOR

The Executive Director participated in a discussion panel consisting of IIDC Executive Director, David Mank, GCPD Christine Dahlberg, INARF Executive Director Kim Opsahl, DDRS Director Nicole Norvell and ARC of IN Executive Director John Dickerson, at the Self Advocates of IN conference on Oct. 8. The topic was visions for the future for the self advocates and ideas for partnerships. IPAS was a sponsor for the conference.

On Oct. 1 a State Budget Agency Town Hall meeting was attended. At that time it was learned that Gov. Pence had created a new agency, the Office of State Based Initiatives, which must approve all applications for federal grants. This is likely to be problematic, for IPAS grants there is often little advance warning when funding sources notify us of that applications are due. The Executive Director contacted the new agency and submitted the necessary information related to IPAS' grants. We will hope that there will not be substantial interference in our ability to apply for grants quickly on the short notice we are often afforded.

On Oct. 4 the Executive Director met with Indiana Homeland Security representative, Jeffrey Knick, to discuss the requirement to complete a new Continuity of Operations Plan (COOP). Due in January 2014, this plan provides for continuing essential governmental operations in event of natural or manmade disaster which may make operating from the main location impossible or unsafe. Because IPAS operations are already largely performed by home based personnel, we have a leg up on being able to continue operations should the central office be uninhabitable. Work is underway to comply with the submission of the plan.

The Executive Director attended the Indiana Developmental Disabilities Commission meeting on Oct. 8, 2013. The Commission heard testimony on Adult Guardianship and they reviewed draft legislation which would use funds which are already appropriated in the FSSA budget, to perform a study of developmental disabilities services in Indiana for the purpose of identifying gaps in the system.

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On Saturday, Oct. 12 the Executive Director participated in the Buddy Walk for Down Syndrome of IN. IPAS was a co-sponsor of the event, which afforded an opportunity to become acquainted with the leadership of this organization and some of the participants. Lisa Wells, Executive Director of Down Syndrome IN has applied for consideration for Commission appointment. Her application materials are in your meeting packets.

On Oct. 21 and 22 the Executive Director attended the NDRN CEO meeting in Chicago. This is an opportunity to become more knowledgeable about the activities and operations of other organizations similar to IPAS and to learn the latest news about actions in Congress which potentially affect our grants. As you know a bill has been introduced in the House of Representatives which represents a serious threat to the PAIMI program and funding.

On Wed. Nov. 6 the Executive Director, PADD Coordinator, Amy Penrod, Assistant Director of Client Services, and Training and Education Director, Karen Pedevilla participated in the annual ARC of Indiana conference. This well attended conference affords an opportunity to network and outreach to individuals with disabilities through our exhibit booth.

On Friday Nov. 8 the Executive Director, along with Suellen Jackson-Boner, Executive Director of the Governor's Council for People with Disabilities, traveled to Bloomington to participate in a program review of the Indiana Institute on Disability and Community. The review was conducted by the University Provost Office and afforded an opportunity to discuss and illustrate how our three organizations work closely together as the DD Network for Indiana.

On Wed. Nov. 13 the Executive Director met with DDARS Director, Nicole Norvell, Chief of Staff, Dawn Downer and State Department of Health, Div. of Long Term Care Director, Kim Rhoades to discuss the status of the Arcadia Developmental Center. The Department of Health had just completed their Medicaid survey of the facility and had found a number of standards compliance failures which resulted in the residents being in immediate jeopardy. While the facility could have undertaken a plan of correction to improve care, the management of the facility determined that they would be unlikely to be successful in coming into compliance and decided to immediately cease operations. This necessitated that immediate, emergency placements be found for the 56 residents of the facility. By coincidence IPAS was engaged in monitoring this facility in northern Hamilton County, during the week of the survey. Within just a few days all residents were moved. IPAS has written the guardians and parents of all the residents to inform them of their right to have an immediate assessment completed for each resident to identify their needs and to obtain more appropriate long term residential placements, if this is the wish of the guardians and/or residents. IPAS has offered to assist in assuring each resident's rights during this process.

On Nov. 14 the Executive Director met with David Smith, Arlene Franklin the long term care ombudsman and Brian Reynolds the Medicaid waiver ombudsman for the purpose of becoming acquainted and starting discussions about how these offices can work cooperatively and coordinate efforts with IPAS. Discussions will be on-going.

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The Executive Director participated in the Governor's Council for People with Disabilities annual conference on Dec. 3 and 4. IPAS was a co-sponsor and had an exhibit booth at the conference.

Newly appointed Commissioner, Marci Haw met with the Executive Director on Dec. 9 for orientation to IPAS and the role of the Commission.

Annual reports were completed and submitted to the federal funding sources for all of the IPAS grants. The annual reports are posted on the website and may be found in the publications section <http://www.in.gov/ipas/2348.htm>.

Much of December was devoted to completing staff performance appraisals for 2013 and developing new performance goals for 2014. Unfortunately Governor Pence announced Dec. 23 that state employees will not be receiving performance based salary increases this year. Instead employees will receive a small bonus based on their performance rating for the year. Supervisors will be meeting with staff during mid January to review the performance appraisals and the new goals for 2014.

Eight Spot bonuses were awarded to staff this quarter totaling \$575. Please see the Spot Bonus report in your packet for details as to who received bonuses and for what achievements.

The Governor's office notified the Executive Director on Dec. 20 that four new Commission members had been appointed to fill the four vacant gubernatorial appointments to the Commission. Susan Smith, Linda Driggs and Robert Walson were all appointed. These three persons have attended Commission meetings in the past and were recommended to the Governor's office by the Commission for consideration. The fourth appointee, Teresa Willard lives in Westfield, Hamilton Co. She is the parent of a child with a disability and applied for appointment directly to the Governor's office. An orientation was held for the new appointees on Jan. 3.

In late Dec. NDRN notified the national network about proposed federal legislation which would virtually eliminate funding for our PAIMI program. HR 3717 introduced by Representative Murphy of Pennsylvania would actually cause harm to individuals with mental illness and their families, in addition to cutting PAIMI funds. The Executive Director called each member of the Indiana House delegation to ask them to please not co-sponsor the bill. As of early January none of the Indiana Representatives had signed on as a co-sponsor. A letter based on an NDRN sample, was subsequently sent to each House member to share with them our opinion as to the effect of the bill on people with mental illness in Indiana and to share with them some of the successes of our PAIMI program here in Indiana.

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II. STATISTICS (Agency Wide)

	1st Quarter
Informational Inquiries	440
Cases Carried over from Previous time period	221
New Cases Opened	74
Total Clients Served	295
Total Number of Individuals Served	735
Cases Closed at End of time period	109
Cases on Hand at End of time period	186
Website Hits	21,569
Total Number of Publications Distributed	4012
Total number of General Public Information Events (booths)	13
Number of Individuals attending	1467
Education/Training Activities	24
Total Number of Individuals Trained	284

III. Priorities and Objectives

Priority 1: To assure the provision of high quality advocacy services.

Objectives:

101 Maintain or exceed 85% affirmative ratings of all responses on all assessed parameters of the Information and Referral Customer Satisfaction Survey.

Efforts continue to assess the satisfaction of a representative sample (10%) of those who contact IPAS for information and referral services. The goal was exceeded for FFY 2013 which was reported last quarter.

102 Maintain or exceed 89% affirmative ratings of all responses on all assessed parameters of the mailed Customer Satisfaction Survey for closed cases.

Each person receiving advocacy services receives a satisfaction questionnaire when their case is closed. Last year the goal was exceeded of persons indicating that they would call us again. Results were reported last quarter.

Priority 2: Outreach to the public and to individuals with disabilities, concerning disability rights issues, IPAS services, and successes.

Objectives:

202 Develop and disseminate information regarding disability rights.

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There were a total of 24 agency wide education/training events and 13 public information activities to provide disability rights information and introducing IPAS services to approximately 1,751 individuals in the 1st quarter.

A total of 4012 IPAS publications were distributed to the community at events and other activities during this quarter.

The IPAS website and social media continue to be used as empowerment tools for individuals and families. See 203 for information regarding the IPAS website and social media.

203 Continue development of web-based resources to empower individuals and families.

Use of the IPAS web-based resources continues. There are now 225 likes on the IPAS Facebook. The most viewed post on the Facebook page this quarter reached 552 individuals. The IPAS E-newsletter has a distribution list of 344 individuals. There are 20 followers on Twitter.

There were 9,095 visitors with 21,354 views of the IPAS web site. There was a 54% decrease in visitors and a 30% decrease of views to the site compared to the same period in FY 2013. The decrease in numbers appears to be directly related to a decrease in individuals seeking information regarding voting prior to the presidential election in November of 2012.

204 Promote, preserve and maximize the rights of individuals with disabilities as the Affordable Care Act is implemented in Indiana.

Indiana is among the states which choose to not operate its own exchange, opting to use the Federal Government's exchange. Hoosiers who choose to shop for insurance and determine what subsidy, if any, they may qualify for, need to do so through the beleaguered federal website. The state is also continuing to negotiate with the Department of Health and Human Services to utilize an extension of the Healthy Indiana Plan, rather than expanding Medicaid. While expanding Medicaid would cover more needy Hoosiers who will likely be unable to afford other insurance, the state fears that accepting a Medicaid expansion may cost the state after a number of years.

Priority 3: Outreach to minority and underserved individuals with disabilities, concerning disability rights issues, IPAS services and successes.

Objectives:

301 Implement one project targeted to outreach to underserved individuals with disabilities, concerning disability rights issues, IPAS services and successes.

During the 1st quarter, there were again a number of presentations by staff to individuals that reside in nursing homes and who work in sheltered workshops. Both populations are seen as underserved.

In the 1st quarter, IPAS continued its outreach to rehabilitation centers/hospitals in the state to increase awareness of IPAS services and to try to increase referrals in the area of assistive technology issues. IPAS presented to the Indiana Hospital Association Rehab Task Force in October. There were 40 administrators from rehabilitation hospitals and units in the state in attendance.

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302 Implement two projects targeted to outreach to minority populations with disabilities, concerning disability rights issues, IPAS services and successes.

During the 1st quarter, IPAS presented to a number of individuals with disabilities, families and other members of the public in Fort Wayne which has a larger population of individuals of various minorities.

IPAS has a partnership with Family Voices of Indiana. We will be printing a number of Fact Sheets in Spanish for Family Voices in the 2nd quarter.

Priority 4: Provide the public with opportunities to make comments and suggestions concerning agency priorities and objectives.

Objectives:

401 Solicit input through the continued development of web-based resources to allow multiple means of submitting comments.

The approved 2014 Priorities and Objectives are posted on the IPAS website with a call for comments and suggestions.

402 Publish and disseminate an annual IMPACT and invite readers to submit comments.

Work is about complete on the next issue of the IMPACT Newsletter. Two thousand copies will be printed to distribute throughout the year.

403 Provide opportunity for members of the public to comment about priorities and objectives during an annual public meeting.

An opportunity for the public to comment will occur during the August Commission meeting.

404 Gather input as to critical disability rights barriers.

The report from the Indiana Institute on Disability and Community was just received as this report is being compiled. The report was sent to Commission and MIAC members via email. The results show responses from just 2013 and also the cumulative compilation of results from 2011 through 2013. The executive summary on pages 3 – 6 of the report gives a fairly quick overview of the results. These largely confirm that the established IPAS priorities do target the issues which respondents felt were the most critical for individuals with disabilities. Commission and MIAC members may take into account this information when considering priorities for 2015. A set of proposed 2015 priorities will be approved for public comment during the May meetings.

Priority 5 Maintain a pool of qualified and diverse individuals who are eligible for appointment to the Commission and the Mental Illness Advisory Council.

Objectives:

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502 Consistently maintain a pool of at least five qualified persons who have completed the prerequisite actions and are eligible for Commission appointment.

Currently there are four eligible candidates for the Commission. There has been an average of seven eligible candidates throughout the 1st quarter.

At the end of the 1st quarter, IPAS was notified by Governor Pence's office that four individuals were appointed to the Commission. The new IPAS Commissioners are Robert Walson of Marion County, Susan Smith of Miami County, Linda Driggs of Clinton County and Theresa Willard of Hamilton County.

An email is sent each quarter before the Commission meeting to eligible candidates to remind them of upcoming meetings and to invite them to attend. A copy of the quarter report is included. Application packets continue to be sent to Commission interested individuals.

503 Consistently maintain a pool of at least five qualified persons who have completed the prerequisite actions and are eligible for MIAC appointment.

Currently there are four eligible candidates for the MIAC. Emails are sent each quarter before the MIAC meeting to eligible candidates to remind them of upcoming meetings. A copy of the quarter report is included.

**Protection and Advocacy for Individuals with Developmental
Disabilities, PADD**

Amy Penrod, Program Coordinator

I. STATISTICS

Informational Inquiries	109
Cases Carried over from Previous Quarter	80
New Cases Opened	34
Total Clients Served	114
Total Number of Individuals Served	223
Cases Closed at End of Quarter	39
Cases on Hand at End of Quarter	75

II. REPRESENTATIVE CASE

IPAS provided educational advocacy services to “Shawn,” age 17, by attending cases conferences, advocating for free appropriate public education (FAPE), reviewing school records and providing technical assistance to his parent/guardian.

Shawn, who has an individualized educational plan (IEP) in place, was suspended with expulsion pending for threatening another student. IPAS entered into representation with this child’s father. Representation was in regards to obtaining and/or restoring appropriate educational services. It was agreed that psychological evaluations would be conducted. As a result of evaluations and IPAS intervention, Shawn was assigned a male 1:1 assistant. This assignment improved his ability to be redirected and to participate in activities. Shawn was then able to attend school on a regular full-time schedule, receiving part-time special education services and part-time general education classroom services.

III. LEGAL

Judicial Review: IPAS has been assisting a client with a second administrative review process of a decision related to the proposed reduction of Medicaid waiver funding/services in a subsequent budget year. The initial budget dispute with Division of Disability and Rehabilitation Services (DDRS) was discontinued at the request of the client’s guardian. The budget for the client’s services in the current year was issued with the same significant cuts as before, and was calculated consistent with the budget allowances under the algorithm policies adopted by DDRS. The algorithm policies make no allowance for the individual needs of the applicant/consumer, and are insufficient to provide for the client’s needs in this case. IPAS assisted the client’s guardian at administrative hearing, and the Administrative Law Judge (ALJ) ruled against the client citing the budget to be in compliance with established policy. IPAS assisted the client’s guardian in filing for agency review, and the agency upheld the ALJ’s decision which upheld the budget. IPAS has assisted the client’s guardian in filing for judicial review of the ALJ and agency decisions. DDRS has since agreed to increase the client’s budget to a level that is acceptable to the client’s mother/guardian. IPAS is in on-going settlement talks with FSSA’s legal representative from the Attorney General’s office, attempting to reach an agreement for appropriate services and funding over several budget periods.

Judicial Review: IPAS is representing a client in a Medicaid waiver services appeal hearing. The client lives in a group home with a roommate, and requires no less than 1:1 staffing during the time he is awake, and group staffing while he is asleep in order to provide for his health and safety. The

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client's staffing hours were reduced based on the algorithm funding calculation policy adopted by FSSA for determining staff hours. The policy does not make allowances or exceptions for the individual needs of the consumer. IPAS further contends that FSSA has failed to make a proper individual determination of the client's needs based on his health and safety as required under the Medicaid funding laws and regulations. An administrative hearing was held, following which the Administrative Law Judge (ALJ) issued a decision which upheld the State's budget. IPAS believes that the ALJ's decision upholds FSSA's algorithm calculation without taking into account our client's individual health and safety needs. IPAS assisted the client in filing for agency review of the decision, and that review affirmed the decision of the ALJ. IPAS counsel then assisted the client's guardian in filing a petition for judicial review. FSSA has since provided the client with a temporary budget increase that the guardian confirms provides for his needs. FSSA has further offered to make the budget increase permanent through the end of the current budget year, and has offered to provide an ALGO 5 level budget to the client for the following budget year. The parties reached an agreement which provides the client with the increased budget and services that he needs for his safety and welfare, which agreement has been approved by FSSA and is currently in the process for final approval by the Governor's office.

Administrative Hearing: IPAS is representing a minor client whose mother contacted IPAS because her son had been found eligible for the Aged and Disabled Medicaid Waiver, but the requested budget had been completely denied. IPAS agreed to provide representation on the basis that a complete denial of budget for someone who is eligible for services appears to constitute a rights violation. IPAS had extensive conversations with FSSA and the client's mother regarding possible budgets through the Aged and Disabled waiver and other waivers, and the extent to which the client's mother can be the provider of care taking hours under the budget. The client's mother cannot be reimbursed as a provider of services in the waiver for which the client has been approved. The client's mother decided not to switch to a different waiver and to go through with an appeal hearing which was held on November 15, 2013. FSSA argued that the waiver does not allow for the provision or payment of Attendant Care Service hours to medically unstable individuals as a substitute for care provided by health professionals such as doctors and nurses. The client's condition had been determined to be medically unstable. IPAS argued that this rule did not apply because the services that we were requesting did not need a health professional to perform them. The ALJ rejected this argument finding that: "The evidence submitted for review supports that the Attendant Care (ATTC) services the appellant has been receiving are no longer appropriate for the appellant through the Aged and Disabled waiver. An attendant care provider does not have the skilled qualifications to provide skilled care as evidence in the Eligibility Screening Tool completed by the Cases Manager on May 8, 2013." In that the decision was based on a factual finding, IPAS determined that an administrative appeal would not likely meet the high burden that must be met upon judicial review, and notified the client's mother that IPAS would not be able to assist with any further proceedings.

Guardianship Hearing: IPAS opened a case to look into an allegation of abuse and neglect in a nursing home. While going through our standard procedure of determining if the client had a guardian, we discovered that a petition for a temporary or emergency guardianship had been filed with the local court having jurisdiction over such cases. IPAS met with the client, and he presented as very intelligent, self-aware, and capable of making decisions on his own behalf, which did not indicate that the client was incompetent and in need of a guardian. An IPAS staff attorney met with the client and agreed to represent the client in contesting guardianship. A preliminary attorney conference was scheduled, and the IPAS attorney advocated that a Guardian-Ad-Litem be assigned and the guardianship hearing be continued until the Guardian-Ad-Litem issue a report. The

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Guardian-Ad-Litem has issued a report finding that the client does not need a guardian. The two sides are working on a settlement in which the client does not have a guardian, but has access to some supports available to him should he choose to use them.

IV. PRIORITIES AND OBJECTIVES

Priority 1 To reduce or eliminate the abuse and neglect of individuals with intellectual disabilities/developmental disabilities.

Objectives:

106 Review 85 allegations of abuse and neglect on behalf of individuals with intellectual disabilities/developmental disabilities to ensure that the allegation is reported to the responsible entities and advocate for necessary action to protect the health, safety and welfare of the individual.

Under this objective, IPAS opened ten new service requests during the quarter. Twelve of this type of service request were completed and closed and 22 had been carried over from the previous quarter.

- IPAS assessed an allegation of neglect involving a resident of a nursing/rehabilitation facility. Systemic outcomes were that the provider was notified of their failing to comply with both their policy and state and federal law when they did not complete timely incident reports involving allegations of abuse/neglect. Indiana State Department of Health (ISDH) was also notified of the facility's failure to report the incident. The facility did create a monitoring tool to be used by the management staff and all staff was retrained on policies regarding abuse and neglect.
- IPAS reviewed an allegation of abuse involving a resident in a nursing home and an allegation of medical neglect by staff in a Medicaid waiver setting. Although IPAS was not able to substantiate abuse/neglect in either situation, the clients, parents/guardians and/or power of attorneys were provided information regarding IPAS services and individual rights. Specific information provided was in regards to filing complaint with the provider facility, IPAS, ISDH, Long Term Care Ombudsman and Adult Protective Services.
- IPAS assessed two allegations of neglect by the same provider. Result was that the agency did follow policy and put interventions in place to protect both clients. During investigation, IPAS prompted a systemic change to the agency's policy regarding complaints. The facility updated the policy to include timelines, investigation protocol and follow-up response to the complainant. IPAS assessed a third allegation of neglect by this same provider. Result was that although the agency did again follow internal policy regarding the reporting and investigation of said abuse/neglect and had put interventions in place, the allegation was substantiated. Neglect was proven. During review of the above, an allegation of verbal abuse was also reported to IPAS. IPAS notified the agency of the allegation and the agency conducted an informal investigation. This did not comply with agency policies and although the allegation could not be substantiated, the agency was notified of their failure to follow investigative policy.

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- IPAS reviewed an allegation of physical abuse by an ICF/IID staff member. It was noted that the facility properly implemented internal policy and the allegation was substantiated. The staff member was terminated. IPAS provided the client with information regarding his individual rights.
- IPAS received a complaint of neglect. The service request was closed without action, though, as the client was not able to give informed consent and there was not sufficient evidence to prove probable cause.

“Seth,” age 27, resides in his own apartment. His support staff is funded by the Family Support Waiver. Seth’s provider contacted IPAS because Seth’s guardians had scheduled him for a vasectomy without the required approval of the guardianship court and against Seth’s wishes. IPAS contacted Seth’s guardians, but they refused to give their consent for IPAS to speak with Seth or review his records unless they were present for all conversations. IPAS determined the proposed medical procedure to be a violation of Seth’s rights and an incident of neglect. This determination was based on the guardian’s intent to subject Seth to an unnecessary operation. IPAS filed both a motion to intervene in the guardianship and a petition for preliminary injunction against the guardians to prevent them from proceeding with the sterilization until a hearing was held. A pre-hearing meeting was held with the Magistrate and counsel. This meeting resulted in an agreement being placed on the record. The agreement states the guardians will not pursue a sterilization procedure without having first obtaining the court’s permission to do so, as is required under Indiana law. The guardians are now fully aware of the requirement that they obtain the court’s approval before pursuing such a procedure. The judge recorded the agreement in the case as a note in the guardianship file/jacket and approved the agreement, thereby making it an order of the court. Based on IPAS’s involvement, Seth was protected from potential medical neglect and his constitutionally recognized procreation right was asserted and maintained.

Priority 2 Reduce or eliminate the denial of rights and discrimination due to disability.

Objectives:

201 Review allegations on behalf of five students where the school has proposed or instituted a change of placement through suspension or expulsion.

During this quarter, IPAS opened two new service requests within this objective. Two service requests were completed and closed, and three had been carried over from the prior quarter.

Within the two closed service requests, IPAS’s advocacy efforts resulted in individualized educational plans (IEP) that addressed:

- Appropriate educational services based on individual educational evaluations
- Attendance in a traditional school setting
- Attendance at school with a full day schedule
- Functional behavioral assessments (FBA) and behavior intervention plans (BIP)
- Information and guidance to enhance self advocacy skills
- Technical assistance

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The details of one service request closed within this objective are described in the above REPRESENTATIVE CASE.

203 Review 25 allegations of discrimination under Title II or III of the Americans with Disabilities Act, Fair Housing Act, or other disability discrimination law.

Under this objective, IPAS opened one new service request during the quarter. Four of this type of service request were completed and closed, while four had been carried over from the previous quarter.

Within the four closed service requests, IPAS's advocacy efforts resulted in the assurance that:

- A building housing multiple businesses provides appropriate parking and architectural access for people with disabilities
- A day care center receives information about their responsibilities under the ADA as it pertains to providing reasonable accommodations to children with disabilities
- A local homeowners' association allows the family of a child at risk of eloping to place a safety fence around the perimeter of their property.

"Nathan" age 23, uses a wheelchair. Nathan's mother contacted IPAS about the lack of accessible parking to the building that houses Nathan's dentist. IPAS conducted a site inspection of the property. Said site inspection found the parking lot was not painted, had no visible handicap accessible parking spaces and contained no signage indicating accessibility for people with disabilities. With this, IPAS determined the lot did not meet the architectural guidelines of the Americans with Disabilities Act (ADA).

IPAS contacted the property management group and as a result of IPAS's efforts, the management group took steps to correct the lack of appropriate accessible parking. The appropriate number of properly painted accessible parking spaces was added to the lot. Proper access aisles, signage and a van accessible space were also added, though the property manager did refuse to install a van accessible sign. IPAS has filed an ADA Title III violation complaint with the Department of Justice on the client's behalf regarding this remaining issue. Said complaint is pending.

204 Represent ten individuals in their appeal of reduced Medicaid waiver services when the alleged reduction in services will have a serious and negative impact on the health and safety of the individual, or when the reduction of services places the individual at risk of being placed in a more restrictive setting.

During this quarter, IPAS opened one new service request within this objective. No service requests were completed and closed though four had been carried over from the prior quarter.

205 Represent three individuals in their appeal of denied eligibility for Medicaid waiver.

Under this objective, IPAS opened one new service request during the quarter. None of this type of service request were completed and closed and none had been carried over from the previous quarter since this objective was just introduced in FFY 2014.

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Amy Penrod, Program Coordinator

206 Review three allegations of disability based discrimination that may have systemic implications.

During this quarter, IPAS did not open any new service requests within this objective. Nine service requests were completed and closed, whereas 21 had been carried over from the prior quarter.

Each of the nine service requests closed were in reference IPAS's advocacy efforts to monitor the discharge plan/transition process of Warner Transition Services' residents. Monitoring efforts were to ensure clients' appropriate discharge from Warner Transitional Services (WTS) as the facility had lost Medicaid licensure and was closing its doors. The following systemic results were achieved:

- All appropriate and necessary transition/discharge paperwork was obtained and reviewed for completion, thoroughness and accuracy. Said paperwork included, but may not have been limited to: Health risk plan; Environmental checklist; Transition plan; Pre-post monitoring checklist; Individual support plan (ISP); Behavior support plan (BSP); and Discharge summary
- Clients' transition process was monitored for appropriateness
- Clients were discharged from WTS and transitioned as individually appropriate
- Clients were informed of the availability of their providers' grievance process
- Clients were informed of their continued right to contact IPAS with any future concerns

IPAS was notified that a large Intermediate Care Facility (ICF) for DD/ID operated by Warner Transitional Services in Carmel had failed to qualify for Medicaid recertification, had lost its Medicaid funding source and would, therefore, be closing. All residents would be transferred to other facilities within a very short period of time. Given the number of residents facing such a speedy discharge and transition to other providers and the obvious lack of pre-planning for this event, IPAS offered advocacy services to WTS residents. Services offered were in the form of monitoring and advocating for appropriate discharge planning, placement and services.

"Horace," a 47 year old WTS resident, who is his own guardian, accepted IPAS's offer of assistance. Horace provided written authorization for IPAS to access his confidential records, allowing the agency to provide individualized advocacy during his transition/move.

The federal regulations regarding an individual's transition to/from service providers, in this instance, require that WTS, in coordination with the Bureau of Developmental Disabilities (BDDS), document within Horace's record the fact that he was being transferred or discharged and that said action was for good cause. Horace must have been given "reasonable time" to prepare for the discharge/transfer and there was to be a final, written summarization of his developmental, behavioral, social, health and nutritional status. There was also to be a plan of care addressing Horace's post-discharge needs.

Circumstances of WTS' closure were that service provider ResCare assumed responsibility for the facility's residents and would be moving them to a new facility. IPAS conducted regular monitoring, through in-person visits to both facilities and stayed in constant communication with Horace and all other parties involved. This way, IPAS remained aware of and involved in all things pertaining to not just Horace's move, but the move, in general.

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Horace was, ultimately, transitioned to the new ResCare without incident, even reporting he was happy.

208 Review five allegations of unregulated or under regulated use of restraint and/or seclusion by a school and advocate for adoption of policies that promote and protect the health and safety of students.

During this quarter, IPAS did not open any new service requests within this objective. The one service request that had been carried over from the previous quarter was completed and closed during this quarter.

Within the closed service request, IPAS provided:

- Information and guidance to enhance self advocacy skills
- Technical assistance

IPAS was contacted by the parents of “Joe,” age 8. Joe’s parents were concerned that Joe had been excessively or inappropriately restrained and/or secluded at school. IPAS reviewed records, but was unable to substantiate that Joe had suffered a rights violation. The local education agency (LEA) was acting according to the existing individualized educational plan (IEP) and behavior intervention plan (BIP) and their goal was to prevent harm to Joe and/or other students. During IPAS’s period of involvement, the LEA did revise Joe’s IEP and BIP to include more de-escalation strategies. The LEA also confirmed the staff who would apply restraints were trained and certified through the clinical intervention program (CIP). This particular LEA had no policies in reference restraint/seclusion.

209 Review allegations on behalf of 15 students whose school is not providing appropriate educational services.

During this quarter, IPAS opened fourteen new service requests within this objective. Nine service requests were completed and closed, whereas 22 had been carried over from the prior quarter.

Outcomes within those closed service requests include:

- Development and implementation of revised educational plans based upon current educational evaluations
- Functional behavioral assessments (FBA) and behavior intervention plans (BIP)
- Provision of information and guidance to enhance self advocacy skills
- Technical assistance

“Dylan,” age 8, was being denied transportation to and from school based upon a dispute regarding “legal settlement.” Dylan’s parents were without means to transport him and he had been receiving transportation services to the same school for four years. This was an agreed upon service within his (IEP). IPAS determined that Dylan was subjected to a violation of his rights and advocated for restoration of transportation. Due to IPAS’s intervention, the school reversed its original decision and resumed providing Dylan’s transportation.

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Amy Penrod, Program Coordinator

210 Review five cases involving alleged rights violations and the use of the internal complaint process of the provider, in situations not involving abuse or neglect.

Under this objective, IPAS opened five new service requests during the quarter. One of these service requests was completed and closed, while two had been carried over from the previous quarter.

“Pam,” age 27, lives in a waiver home and has had the same two female housemates for three years. Unfortunately, one of Pam’s housemates had decided to move to a new home. Pam’s guardian was informed that the provider was going to fill the vacancy with a male resident. The concern was that Pam would be vulnerable having a male housemate as she would not be able to defend herself if necessary.

Pam’s guardian repeatedly contacted the provider and requested they fill the vacancy with a female. The provider did not respond, however, so she contacted IPAS to request assistance in ensuring that a female would fill the vacancy.

Shortly after IPAS became involved, the provider informed Pam’s guardian that the female housemate had decided not to move and that neither housemate had plans of moving in the near future. Pam’s guardian was satisfied and relieved that the issue had been resolved. She contacted IPAS to request Pam’s case be closed, as there were no other issues to resolve.

Priority 3 Increase awareness and effective self-advocacy by providing education and training about disability rights and the exercise of these rights.

Objectives:

301 Provide education and training about disability rights, self-advocacy skills and IPAS to individuals with intellectual disabilities/developmental disabilities, parents, guardians, advocates, and/or service program providers.

During this quarter, IPAS provided three PADD-specific education/training events and nine public information activities, reaching approximately 1,052 individuals. Further, there were a total of 37 agency-wide education/training events and/or public information activities held, with the purpose of introducing IPAS services, including PADD, to approximately 1,751 individuals.

302 Support education and training efforts of self advocacy organizations to increase awareness of disability rights.

Partnership efforts with various disability related agencies in Indiana continue to develop.

Self Advocates of Indiana (SAI) – The SAI Conference was held in October 2013 at the Marten House in Indianapolis, with approximately 45 self-advocates in attendance. IPAS served as the conference’s Gold Sponsor. IPAS was involved in a break out session on bullying, as well as the “20/20 Vision” closing panel. This statewide meeting included a presentation on “My Life, My Choice,” as well as elections information. The board welcomed four new members.

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There was no movement on the “If you need help” cards during this quarter.

The SAI Newsletter was distributed to 200 individuals.

IPAS provided assistance to the Self Advocates of Indiana this quarter by providing funding for air fare to Washington D.C and back for board member, Betty Williams. Betty’s reason for travelling to Washington D.C. was for her to participate in a White House celebration commemorating the 50th anniversary of the passage of the Developmental Disabilities Assistance and Bill of Rights Act. This occasion was a partnership of the White House and the Administration on Intellectual and Developmental Disabilities.

In total, 75 SAI members attended SAI trainings/meetings during this quarter.

The Arc of Indiana - The winter 2013 issue of The Arc News in Indiana included the articles, “Equal Access – For Every Emergency, For Everyone” and “Emergency Preparedness Resources.” Information from IPAS was circulated throughout the quarter in The Arc’s e-newsletter and via The Arc’s Facebook and Twitter pages. The Arc of Indiana newsletter was distributed to 21,000 individuals and was posted on line.

The Legal Network sign up form continues to be available via The Arc of Indiana and The Arc Master Trust websites. It is promoted through The Arc of Indiana e-newsletter and on The Arc of Indiana and SAI’s Facebook pages. As of December, 45 people had signed up for The Legal Network.

Six persons were referred to IPAS by the ARC and Self Advocates this quarter. The type of referrals included housing, Social Security fraud, guardianship, employment, parental/guardian exploitation, school transportation and school bullying.

The Autism Society of Indiana (ASI) - The Autism Society participated in district committees and task forces to understand the needs of the state and provide input to meet those needs. The Autism Society participated in the following: HANDS in Autism Local Cadre, IPMG Stakeholders Council, First Steps LPCC, Transition Councils and the Disability Action Work Group (DAWG).

The District 10 ally, an individual working with Indiana Allies, a statewide peer-to-peer support program helping those who are personally affected by autism or a dual diagnosis of autism and a mental health illness, provided training to 15 people. The lead ally provided training to 82 individuals.

One case example: In District 10 (surrounding Terre Haute) the Indiana ally helped a mother in obtaining a diagnosis for her son. This mother has five children and is well educated in child development. Because of her background with children with special needs, she feels very confident that her son is on the autism spectrum, for a variety of reasons including severe tantrums, low verbal abilities and trouble with transition. The child’s pediatrician, though, stated the child was fine, even when multiple tests performed at the child’s pre-school indicated the child fell below standard levels. Based on the discussion, the ally reviewed with the mother the issues she is seeing and helped her develop some strategies for addressing the behaviors and for improving the child’s speech. The ally located services available to the child outside of school and referred him to an independent specialist for an evaluation.

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The TIPS app that has been named "Help Everyone Learn Practical Solutions" (HELPS) has been launched on Google, Ipad and iPhone. During this quarter, both IPAS and the Autism Society of Indiana began outreach efforts to notify the public of the availability of this tool.

IN*Source - Bullying Prevention Training Project - IN*Source continues to offer the PACER Center's bullying prevention training to Indiana families. A full report should be provided to IPAS during the next quarter.

Family Voices Indiana - IPAS will be printing for distribution six of the Sunny Start Fact Sheets. IPAS will move forward on printing the fact sheets once they are provided by Family Voices staff. Rylin Rodgers attended IPAS's client services meeting in October to present information regarding Family Voices Indiana's services and the Affordable Care Act.

Institute for Disability and Community (IIDC) Family Council – There is nothing to report regarding this council from this quarter.

During this quarter, IPAS received the mid-project report from Tangram Inc. concerning the Sears Disability and Inclusion Project. This is a short-term project to assess employment practices of selected Sears retail locations. This project assesses cultural barriers which may exist within the workforce and identifies incentives which may be used to increase employment opportunities for individuals with disabilities within the Sears network. The project is a demonstration and the goal is to work with Sears corporate office to create and implement a national project aimed at increasing the employment of individuals with disabilities. To make the demonstration possible IPAS provided a small one-time financial grant.

305 Strengthen policies and practices affecting the State's response to disability rights issues affecting individuals with intellectual disabilities/developmental disabilities through attending at least 50% of the meetings of select committees, groups and task forces.

Arcadia Developmental Center ICF/IID Human Rights Committee- IPAS attended the one HRC meeting held at Arcadia during this quarter. Said meeting was held on November 9, 2013, at which time there was a census of 55. During said meeting, one behavior plan was reviewed, but not approved as the behaviorist's paperwork was not complete regarding it. Medication changes, of which there were eight, and two reportable incidents were also reviewed. There was discussion regarding one guardianship change.

During said meeting, IPAS inquired as to why committee members were not notified that in July, Arcadia, because of ISDH complaint investigation, was found to be in immediate jeopardy and that upon an August return visit, the complaint resulted in an immediate jeopardy that had not yet been corrected. IPAS inquired if residents had Methicillin-resistant Staphylococcus aureus (MRSA) when HRC members attended the August HRC meeting. Executive Director Randy Shelton responded that he did not think these were things he needed to share with the HRC. IPAS recommended there be a meeting as soon as possible for review of the universal precautions and infection control. It was agreed that on November 20, 2013, there would be another meeting for this purpose as well as to further review current issues. IPAS advocate pointed out the responsibilities of a HRC from "Human Rights Committees Staying on Course with Services and Supports for People with Intellectual Disabilities," written by Steve Baker and Amy Tabor. Copies of this booklet were given to the HRC

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previously on three separate occasions in the past, but only one HRC member had their booklet with them the day of this meeting.

Three of the HRC members were guardians of residents at Arcadia. They were quite angered by the fact that they had been informed that the state would be moving their consumers and that they would not have input into said move. IPAS did confirm that the state was likely to move residents in the existence of an immediate jeopardy situation, adding that after the residents are moved and if they felt, as legal guardians that things were not working out well that they could ask to have a meeting. IPAS also informed them that if their concerns persisted contacting IPAS was always an option for further assistance.

Mr. Sheldon reported that Arcadia was working with a consulting company to assist them with correcting issues and that the state was giving them time to do this. It was reported a new nursing director had been hired.

On November 12, 2013, IPAS was notified via email that all Arcadia residents had been moved to waiver type settings and the facility was closed.

Arcadia Developmental Center ICF/IID Monitoring Activities- IPAS received an advisory notice from Nicole Norvell, Director, Division of Disability & Rehabilitative, that Arcadia would be closing. An outgoing letter was attached notifying consumers/guardians that recently Family and Social Services Administration (FSSA)/Division of Disability and Rehabilitative Services (DDRS) “was advised of conditions with Arcadia Developmental Center that may compromise the health and safety of its clients.” In addition, Indiana State Department of Health (ISDH) issued a report of findings on November 12, 2013, that conditions still were not met and that this full annual recertification and state licensure survey visit resulted in an immediate jeopardy.

IPAS monitored the closure transition by meeting with each of the 56 residents up to the final day they shut down. This resulted in some residents being referred to IPAS’s intake department. In addition, some parents contacted IPAS regarding concerns over not having any choice of where there consumer/ loved one would be transferred. IPAS explained to consumer/parents/guardians that the closure of the facility was a result of an immediate jeopardy, resulting in emergency placement of residents into waiver serviced placements and that they could always contact IPAS if they later felt the placement was not working out. No residents were placed in nursing homes; all were placed in waiver type settings. By November 12, 2013, all residents had been placed. Arcadia Developmental Center closed its doors that same day.

Hickory Creek ICF/IID Human Rights Committee- IPAS attended the one HRC meeting held at Hickory Creek during this quarter. During said meeting, there was discussion regarding the changes being made to the facility as well as the changes to programming. The HRC was pleased with the changes. A tour of the facility was conducted at the conclusion of the meeting.

The social worker presented the notes from the latest resident's council meeting. The council continues to conduct training by discussing one patient right at each meeting. The residents were very pleased with the summer activities and the increased access to outdoor activities on a daily basis.

The HRC reviewed the residents currently prescribed psychotropic medications. There are 48 residents currently prescribed psychotropic medications. There were seven increases in psychotropic

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medications during the quarter. Each increase was approved by the guardian and HRC as stipulated by regulations.

There were no mechanical restraints used during this quarter. There was one PRN (provided as needed and ordered) medication administered. This resident was admitted to the hospital for mental health treatment due to the extreme behaviors exhibited. This resident was new to the facility and having a difficult time adjusting to the new routine and had developed some medical issues at the same time. One resident continue to have a secure care ankle bracelet because of his escape behaviors. This bracelet will sound an alarm if he nears an exit.

The facility does continue to use emergency intervention plans which include the use of bear hugs and basket holds. These holds are not frequently used. During this quarter, however, there was a slight increase due to the aforementioned resident's admission.

Hickory Creek ICF/IID Monitoring Activities- IPAS monitors this facility monthly. There were three monitoring visits conducted during this review period, though there were no new services requests opened as a direct result of said monitoring.

There have been structural changes to the facility as well as changes to the residents' programming. These have all been very positive.

Indiana Commission on Autism- Indiana Resource Center for Autism (IRCA) Director Dr. Cathy Pratt provided her annual report. Pratt reported that the IRCA believes the incidence of autism is currently 1 in 77 individuals. However, since individuals with autism may also have other disorders compounding the disability, the number could be as high as 1 in 50 individuals have autism.

Pratt reported IRCA has trained 360 "Autism Teams" in Indiana school corporations of which 150 are "Team Leaders." Team leaders meet twice a year to share observations and practices regarding individuals with autism. Pratt reports that 27,000 people in Indiana have now been trained by IRCA on how to address a person with autism. As of October 2013, IRCA was working with 75 school corporations to provide intensive training made possible through the federal project.

Pratt reported there are 25 Indiana University students with autism who receive support from the University, but who are generally self-directed.

Pratt reported the IRCA Newsletter has 8000 subscribers including professionals, families and individuals with autism. IRCA is also addressing the issue of bullying and provides the brochure "ACT Early" both in English and Spanish. Pratt stated IRCA receives a variety of phone call inquiries on issues such as: individuals with autism involved in the criminal system, individuals with autism dealing with divorce and/or death, individuals with autism unable to find jobs and/or having additional problems due to their having a dual diagnosis.

Pratt reported that 70% of individuals on the autism spectrum are unemployed. She reported the state of Indiana is the first to have an autism waiver, insurance mandate, seclusion and restraint laws and one of the first to train first responders on how to address an individual with autism.

Pratt reported that although the cause of autism is unknown, it could be related to artificial insemination, drugs used to induce labor and/or mercury used in vaccines.

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Autism Society of Indiana (ASI) Executive Director Dana Renay, reported that ASI is working with the Arc of Indiana and others to develop a work group to address the need for insurance to provide payment for the cost of applied behavior analysis (ABA) needed for individuals with autism. Currently, she believes the issues that need addressed include: the need for a standardized treatment plan and reporting by ABA centers, centers need to establish hours required to progress with ABA therapy and the ABA providers need to qualify as licensed ABA therapists. Renay reported her belief that the insurance mandate is currently covering 30% of the people receiving ABA therapy.

Becky Bowman, Indiana Department of Education Director of Special Education, reported that schools are not trained nor do they know how to work with individuals on the lower end of the autism spectrum. She believes in instances such as serious health reasons or other similar circumstances, the child should be able to be taught at home. Bowman stated that schools receive 25 million dollars to address circumstances such as these and that an increasing amount of schools are billing Medicaid to help in providing students additional services such as ABA therapy. She stated that to date, she was unaware of any school billing a private pay insurance company in an effort to provide ABA a student's therapy.

Mental Health America of Greater Indianapolis Adult Guardianship Committee (MHAGI)-

Mental Health America of Greater Indianapolis Adult Guardianship committee met once this quarter. During said meeting, the committee was informed that Rosie Carney (Guardianship Coordinator) would be retiring at the end of 2013 and Candice Cheek would be taking over the responsibilities of overseeing guardianship to the 41 individuals currently receiving MHAGI services.

There was discussion regarding the program formerly known as the Wishard Volunteer Guardian Program. That program has merged with another program, thereby leaving several unmatched volunteers. Plan was for these volunteers to receive the appropriate training and begin working with MHAGI in or around October.

There was specific discussion regarding the status of four wards, two male and two female, with recent issues. One of the women is having health issues. Her dietician has ordered her to lose weight, but is offering little assistance to the guardian or the provider on how to assist her in being compliant with the dietary restrictions. The provider's enforcing dietary restrictions is causing the woman many behavioral problems. Committee recommendation was for further discussion with the dietician, focusing on one recommendation at a time so the woman can reach a goal and feel a sense of accomplishment. This would serve as an encouragement to move forward in following another recommendation. If the dietician is not in agreement, the committee recommends seeking another medical opinion.

The second woman has a number of medical challenges and is unwilling to leave the facility where she lives. She was recently sent to the hospital to complete testing to rule out colon cancer, but the hospital was, unfortunately, unable to complete the exam due to her behaviors. As a result the physician and hospital have recommended placing her on hospice for palliative care; there was committee agreement with such.

The first gentleman discussed had been moved from Shelbyville to Indianapolis by the guardianship coordinator, as the provider in Shelbyville refused to address the gentleman's diagnosis of pedophilia, for which the state hospital had determined he was at a high risk for repeat offense. Since his move,

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this gentleman is now being provided services to address his pedophilia and is attending Noble workshop. The gentleman was formerly under an outpatient commitment, but that commitment will be dropped as the guardianship coordinator is now involved in coordinating his treatment.

The last gentleman discussed previously had multiple behavioral instances a month and was recently moved at the guardianship coordinator's instruction. This move placed him with a female who is also under MGHAI guardianship. This gentleman's behaviors have decreased drastically so that his quality of life has improved. Treatment team meetings that were previously not able to be held in his home due to behaviors are now being held in his home without incident.

North Willow ICF/IID Human Rights Committee- IPAS attended each of the three HRC meetings held at North Willow during this quarter. Twenty-eight behavior support plans were reviewed, two of which were tabled and will be brought back to the committee again after further information is added. Eleven psychotropic treatment plans were reviewed and approved; 32 pre-medications were reviewed and approved. Pre-medications are requested for dental and other medical appointments in which the patient has high anxiety and will, likely, be uncooperative, or combative.

Sixty-three restrictions were reviewed regarding items such as electric razors and eye glasses when the individual is unable to independently care for them, access to in-room sink water for an individual who has polydipsia, a condition that causes the person to become intoxicated on water, 1:1 staffing for an individual recovering from a medical procedure, bed side rails, pelvic stabilizers and bed and chair alarms for individuals with seizure disorders.

North Willow ICF/IID Monitoring Activities- IPAS visited North Willow three times this quarter for the purpose of monitoring the facility. Each visit was done just prior to the monthly Human Rights Committee meeting. In October, it was learned that North Willow had hired a new QMRP, Kevin Heller, to take the position of PD/QMRP for the facility's first floor. It was observed that the third floor had door alarms placed on the stairwell exits. In December, IPAS found that the South wing of first floor had been closed and the ladies who had resided on that wing had been moved to the second or third floors, depending on their individual care needs. The workshop where the majority of the first and third floor residents attended recently closed. Attendance at this workshop had presented the residents the opportunity to leave the facility on a daily basis. It was reported that pre-vocational services were being set up in the basement of North Willow.

During the upcoming quarter, IPAS will obtain technical assistance from ISDH regarding issues at North Willow and will find out more information about the closure of the workshop and how it will continue at North Willow.

A new restriction this quarter was for individuals who reside on the third floor. Due to a high number of residents leaving the floor and attempting to elope, North Willow has placed door locks and alarms on the three stairwell exits. If and when anyone leaves the floor through the stairwell, an alarm goes off. If anyone attempts to enter the third floor through the stairwell a code is required. Staff personnel have the code and can assist individuals who may want to take the stairwell. It was reported to the committee that with the adoption of the door alarms there is no longer a hall monitor in the hallway and that no one has complained about the alarms. The installation of the door alarms was the only additional topics of discussion during the meetings.

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Indiana Inter-Agency Coordinating Council (IIACC) Public Policy Meeting- IPAS attended the one meeting held by the public policy committee. During said meeting chairperson Kim Dodson shared with the council that this upcoming legislative session from January through mid March would be short due to upcoming elections. In addition, Kim provided that at the Autism Commission meeting a preliminary draft is expected that will guide broad discussion regarding criminal justice issues from both the offender and victim perspectives. Kim also shared that a directive is expected that will bring ABA and insurance stakeholders together so that a report can be presented next summer. ABA is covered under the Affordable Care Act plan because it is covered in Indiana's benchmark plan, but there are other interventions to be considered. The ABA subcommittee has made the distinction between the principles of ABA and an ABA program. The committee has gathered ideas together into its top five concerns and listed them as follows: 1) diversity of ABA providers, which the group re-defined as diversity of behavioral treatment approaches, 2) funding/reimbursement/billing, which includes issues related to access, 3) licensure of ABA providers, 4) understanding across stakeholders, and 5) collaboration and communication. Dana Renay of Autism Society of Indiana shared that current priorities for the IIACC Council are ABA issues and that the focus will be on diversity and funding issues since families continue to be turned away from community mental health centers and have nowhere to go for counseling. There was discussion that the co-morbidity rate is very high and that there is no current task force addressing dual diagnosis. Dana requested the council research best practices so there can be discussion regarding this issue. Dana shared that The Autism Society of America National Conference will be in Indianapolis, July 23, 24, 25 and 26, 2014.

Logansport State Hospital (LSH) DD Human Rights Committee Meeting- IPAS attended and participated in each of the three Human Rights Committee (HRC) meetings held at LSH during this quarter.

During this quarter, on Larson, the LSH unit serving individuals with intellectual and other developmental disabilities there were 19 incidents of intentional contact with or without an object on or by a patient and/or employee. There were 13 of the same on Isaac Ray Treatment Center (IRTC). There were 44 complaint resolution forms received this quarter; Larson with 26 and IRTC with 18. There were 44 calls to the Internal Human Rights line, ranging in issue from peers to hygiene products and personal items to diets, mail and telephone calls, restrictions and staff, medical, laundry, treatment team, money, the "talk to" form and discharge/transfer. The consumer service line received 12 calls made in reference it being too cold on the unit, staff's attitude toward patients and/or the treatment of patients. There was a compliment made regarding staff, an issue with a peer and a family member who felt that staff was holding her husband's mail (This complaint did provide IRTC administration an opportunity to improve the process for patient mail.)

Steps 7 & 8 of the complaint resolution process were reviewed with each of the eight units. Ethics was reviewed with patients. There were no violations of human rights reported. There was one allegation of physical abuse during the month of October. This allegation occurred on Larson 1 South evening shift and was not substantiated. There were three allegations of abuse during the month of November. One allegation was of both physical and verbal abuse and occurred on Larson 1 South midnight shift. There were two staff members involved in this allegation. One staff member resigned. The other staff member received disciplinary action for inappropriate conduct. The second allegation occurred on IRTC 2 West evening shift. This allegation was of physical abuse and was not substantiated. The third allegation was physical abuse on IRTC 2 West evening shift, involving the same staff member accused in the second allegation. This allegation was substantiated and the staff

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member's employment was terminated.

During this quarter there was one ethical issue, the LSH Policy A-10 (Acceptance of Gifts). It was due to be updated. There were no changes made to the policy so that it will be forwarded to the senior executive board.

Marion ResCare Monitoring Activities- IPAS conducts weekly monitoring at the ResCare facility in Marion. The facility has been operating without a permanent license since opening. It was expected that they would be surveyed for the license around November 1, 2013. The survey did take place, but there were minor issues to be addressed. A plan of correction was submitted. Once accepted, the license should be issued.

There were three new admissions to the facility during this quarter. There was one transition discharge process in place.

Willow Hall, the autism unit, was opened in December. This allowed five men to move into this unit, each having their own rooms. IPAS spoke with each of the men and they like the new arrangement.

There are no regularly scheduled daytime activities, such as a day program or sheltered work. None of the residents are working with Vocational Rehabilitation Services (VRS) at this time. There have been sessions with the VRS counselor, but services have yet to begin.

Arc of Indiana, Wayne Township School District Disability Coalition- During the winter of 2013, the United States Department of Justice Community Relations Service, based on media reports, approached the Arc of Indiana about the Wayne Township School District. The Community Relations Service (CRS) provides mediation services to help communities resolve conflicts and disputes based on race, color and national origin. The CRS offered to mediate the issues concerning the highly publicized events involving a child whose shoes had been duct-taped to her feet. Arc of Indiana in turn asked IPAS and other advocacy and provider organizations with experience and expertise of issues affecting people with intellectual and other developmental disabilities to be part of a Disability Coalition for the mediation process.

As a member of the Disability Coalition, IPAS was bound to the confidentiality and non-disclosure requirements of the process, barring disclosure of its participation until a final memorandum of understanding (MOU) was produced. IPAS staff participated in four CRS facilitated meetings as a member of this Arc Disability Coalition. The aim of the meetings focused on how to collaborate to provide positive outcomes for students receiving special education services and their families.

The final MOU was signed in late November 2013. The intent of said MOU is to provide a framework for respectful and cooperative communication. It utilizes consensus building for improving agreements, programs and relations that affect Wayne Township School District students receiving special education services and their families.

The following are areas agreed to for collaboration:

1. The Arc Disability Coalition agrees to act as a resource to the Wayne Township School District as situations arise which may require a broad outlook.

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2. The Arc Disability Coalition will assist the Wayne Township School Corporation in identifying resources to attain modeling and coaching of teachers and other appropriate school staff in the areas of student behavior and positive behavior supports, collaborative case conference training, life skills training, customer service training and goal development training.
3. The Wayne Township School District agreed to continue its work with IN*Source regarding case conferences and would invite other disability service organizations to case conference meetings as needed and appropriate. In addition, the District will create a satisfaction survey regarding the case conference process to be completed by parents involved.
4. The Arc Disability Coalition will share communication with the District about services and resources that may be of interest to the District in delivering quality special education services.
5. The Arc Disability Coalition agrees to be a resource for transition planning meetings for students receiving special education services.
6. The Wayne Township School District agrees to share an annual progress report on special education services to the Arc Disability Coalition. The Coalition and District agreed to meet at the request of either party should questions or issues arise out of the annual progress reports.

Priority 4 Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives;

401 Respond to requests for information and referral and technical assistance to individuals with intellectual disabilities/developmental disabilities, their families, and professionals about disability rights and provide information and technical assistance concerning the exercise of these rights.

IPAS provided information and referral services to 109 individuals during the 2014 first quarter. IPAS received 10,246 visits to the agency website during this quarter. In comparison to the 2013 first quarter, this is a 52% decrease in the number of visits. The majority of search terms used during that quarter were in reference voting, though, indicating there was seemingly a correlation to the November 2012 Presidential election occurring within that same time frame. A “visit” defined as all the activity attributed to a single user’s browser. A visit is a series of page views, beginning when a visitor’s browser requests the first page from the server and ending when the visitor leaves the site or remains idle beyond the idle-time limit.

PADD End

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PAIMI, David Boes, Program Coordinator**

I. STATISTICS

Informational Inquiries	158
Cases Carried over from Previous Quarter	83
New Cases Opened	25
Total Clients Served	108
Total Number of Individuals Served	266
Cases Closed at End of Quarter	41
Cases on Hand at End of Quarter	67

II. REPRESENTATIVE CASE

Sarah had been a patient of Deaconess Cross Pointe Hospital (DCPH), during which she alleged that she had been subjected to excessive and inappropriate physical restraint. She made her allegations of mistreatment known to IPAS after her release from Deaconess.

IPAS's review and assessment of Sarah's records found that she had been restrained on five separate occasions while at DCPH. Sarah did not file a complaint with the facility, Ombudsman, APS or DMHA. IPAS' review of Sarah's records confirmed that DCPH staff followed "Deaconess Restraint/Seclusion Policy" when placing Sarah in restraints. Records reflect that DCPH staff attempted to de-escalate and/or redirect Sarah prior to applying restraints and had notified the physician and obtained orders to use restraints. In addition, one to one staffing for observation occurred during the use of restraints and the required documentation was completed reflecting the 15-minute patient checks. IPAS's completed investigation could not support Sarah's claims of abuse and/or neglect. In conclusion, IPAS found that use of the restraint was done in compliance with federal and state law, as well as all facility policy standards and requirements, which meet federal regulatory standards.

However, during the assessment of Sarah's case, IPAS did determine that DCPH had embedded its abuse/neglect policy into the facilities "grievance policy," and had scattered related responsibilities and protocols among policies from several facilities in their network. IPAS advocated for a separation of the policies, such that DCHP had a stand alone, comprehensive policy, understandable to all staff, which contained all of the requirements to be met in restraint and seclusion situations. DCPH administrators developed a new policy, "Reporting Suspected Abuse and/or Neglect." Lastly, IPAS staff provided education to Sarah regarding how to make timely grievances for any future concerns should she believe a violation of her rights has occurred.

III. LEGAL

Department of Correction lawsuit: The litigation against the Indiana Department of Correction (IDOC) has continued into the remedy phase since the "Order" issued by Judge Tanya Walton-Pratt on December 31, 2012, in which she found that IDOC had violated the Constitutional rights of inmates with serious mental illness through its deliberate indifference to their need for care, and continued harm caused by the segregation of those with serious mental illness. A telephone status conference was held on October 24th, and a status hearing/conference was held before Judge Tanya Walton-Pratt on November 18th. During the status hearing, the Respondents stated that the new Pendleton facility is on schedule to open by the end of January 2014; that the facility will begin then

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to receive approximately five (5) new inmates per week for placement and treatment; that changes are being made to the various units at New Castle Correctional Facility; that the new policies and procedures are in the process of being completed, reviewed and approved; that the Indiana Women's Prison will serve as the mental health services facility for female inmates with serious mental illness in the IDOC; and that it was agreed that male and female inmates with serious mental illness whose segregation is not anticipated or scheduled to exceed 30 days will be maintained at their facility and receive mental health services there rather than effecting multiple physical transfers over a short period of time. IDOC is still in the process of finishing its new/amended policies and procedures related to treatment of inmates with serious mental illness. The Judge ordered the parties to submit a written status report to update the Court regarding the new facility and other issues on or before January 30, 2014.

IV.. FEDERAL REQUIRED DISCLOSURES

The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year. Total: 0

The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI Program resources or because of non-priority issues during this fiscal year. Total: 2

Both grievances concerned individuals currently being housed in an Indiana Department of Correction (IDOC) facility alleging lack of mental health treatment. Unfortunately, due to IPAS's ongoing litigation against the Indiana Department of Correction (IDOC), both individuals are members of the class defined in the litigation. During the pendency of the litigation, due to trial rules governing the discovery of evidence, IPAS cannot take on new cases and continue adding individuals to the class of persons represented. The Executive Director upheld the decision to deny opening new cases for both individuals.

Total number of grievances appealed to Chairperson of the IPAS Commission Total: 0

V. MEETING STATISTICS OF MEMBERSHIP ATTENDANCE

Commission	Last meeting was held November 16, 2013	88.9% (8 of 9)	For the FFY Year, one meeting	88.9%
MIAC	Last meeting was held November 4, 2013	100 % (10 of 10)	For the FFY Year, one meeting	100 %

V. PRIORITIES AND OBJECTIVES

Priority 1 Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.

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PAIMI, David Boes, Program Coordinator**

Objectives:

101 Review allegations of abuse or neglect of individuals residing in a facility operated by Indiana Department of Mental Health and Addiction and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

For the quarter, IPAS began with 13 open cases and opened three additional service requests. Eight service requests were completed and closed, leaving eight cases carried over into the next quarter.

Within the closed service requests, IPAS' advocacy efforts resulted in these outcomes:

- At Evansville State Hospital (ESH), IPAS became aware of an allegation that a resident had been administered an extra 10 units of insulin in addition to her usual dose. ESH staff were made aware of an overdose and followed their protocols of closely monitoring the resident until it was determined that medical risk had subsided. There was no challenge to the validity of the allegation that an overdose had occurred. IPAS raised concerns that such incidents were not being reported to either Adult Protective Services (APS) or Department of Mental Health and Addictions (DMHA), despite a clear indication that DMHA policy required such notifications. ESH upon IPAS urging did modify their internal policy to include and require the mandatory reporting to these outside oversight entities.
- At Madison State Hospital (MSH), while IPAS staff was unable to substantiate the initial allegation of neglect for failure to provide medical care in the form of OB/GYN appointments and routine screenings, IPAS staff discovered that MSH had no formal process to track outside appointments. In this situation, a routine appointment was cancelled and staff failed to reschedule the appointment in a timely matter, waiting nearly a year. IPAS's concerns resulted in that MSH drafted a procedure to track and monitor off grounds medical appointments for their residents.
- Another systemic outcome was achieved through DMHA's self review of the compliance and consistency of application of the State Operated Facilities (SOF) with the 7/15/09 DMHA Incident Reporting memorandum conducted in response to IPAS concerns related to the failure of Richmond State Hospital to report events defined by the Memorandum as reportable. DMHA determined that Richmond State Hospital (RSH) and two other SOFs were not in reporting compliance; and corrected the non-compliance issues with those facilities. This has resulted in -inmore overall compliance, reporting and accountability among the State operated Facilities as to DMHA notice and oversight of allegations of abuse/neglect incidents occurring at SOFs.

Additionally, IPAS staff assigned to each State Operated Facility (SOF) began ongoing formal monitoring visits at each facility during the first quarter. Despite other assignments and weather, staff at all five SOFs began conducting monitoring visits at their assigned facilities, completing 36 total monitoring visits during the quarter. As the frequency of the visits has increased, staff are noting an increased willingness of residents and SOF staff to approach and engage in conversations with the IPAS staff with questions and concerns.

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102 Review allegations of abuse or neglect of individuals residing in Community Mental Health Centers and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

For the quarter, IPAS began with three and opened one additional service request. Two service requests were completed and closed, leaving two cases for the start of the next quarter.

Within the closed service requests, IPAS' advocacy efforts resulted in these outcomes.

- In one case while IPAS was not able to substantiate the accusations of a group home resident who alleged that they were being sexually abused during the night by staff. IPAS however, did find shortcomings with the CMHC's policy, as it was better suited for investigation of general complaints rather than allegations of abuse and neglect. The CMHC did conduct an internal investigation that did not substantiate client's allegations, concluding it was reported beyond that the timeframes expressed in their policy. Since there is little guidance or regulation on the requirements for the investigation policy and practice for a CMHC, IPAS notified the agency regarding the lack of abuse/neglect specific policy. IPAS provided recommendations based on common practice that a policy be developed, which included timelines for investigation, removal of accused staff pending completion of the investigation, and adherence to their policy. With no legal basis on which to force a change, IPAS closed the case following issuance of its recommendations.
- In the other closed case, the client chose to self-advocate and withdrew their authorization for IPAS to investigate their allegation.

103 Review allegations of abuse or neglect that resulted in the death of an individual who resided in a mental health treatment facility.

For the quarter, IPAS began with three and opened no additional service requests. One service request was completed and closed, leaving two cases for the start of the next quarter.

- IPAS had initially opened the case based noting that the circumstances of the death of a 26 year old resident of Evansville State Hospital (ESH) was unclear thus providing sufficient justification and the probable cause needed for IPAS to access records. As the assigned advocate obtained records, IPAS concluded that it did not appear that staff's actions or inactions contributed to the client's death. The coroner ruled that the client's death was the result of natural causes of a known terminal condition, Adrenoleukodystrophy. At the time of the incident from which the individual died, ESH performed CPR until paramedics arrived. Paramedics eventually stopped the CPR. IPAS found that ESH staff conducted its internal investigation as per their policy, and that its result that neglect on the part of staff did not contribute to the resident's death was appropriate.

104 Review allegations of inappropriate use of restraint or seclusion and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

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For the quarter, IPAS began with ten and opened one additional service request. Eight service requests were completed and closed, leaving three cases for the start of the next quarter.

Within the closed service requests, IPAS' advocacy efforts resulted in these outcomes:

- Four of the closures concerned allegations of inappropriate use of restraint or seclusion occurring at Richmond State Hospital (RSH). In none of the incidents did IPAS find that the application of restraint to be inconsistent with federal and state law. However, using the information from these allegations, IPAS determined that RSH had a practice of only reporting allegations of abuse and/or neglect to Adult Protective Services (APS) when APS instructed them to do so, instead of what is required by policy or by law. RSH policy has been changed and requires the hospital to notify APS of all allegations of abuse and/or neglect.

106 Continue to represent prisoners with serious mental illness in class action lawsuit to diminish the use of segregation.

The litigation against the Indiana Department of Correction (IDOC) has continued into the remedy phase since the "Order" issued by Judge Tanya Walton-Pratt on December 31, 2012, in which she found that IDOC had violated the Constitutional rights of inmates with serious mental illness through its deliberate indifference to their need for care, and continued harm caused by the segregation of those with serious mental illness. A telephone status conference was held on October 24th, and a status hearing/conference was held before Judge Walton-Pratt on November 18th. During the status hearing, the Respondents stated that the new Pendleton mental health treatment facility is on schedule to open by the end of January 2014; that the facility will begin then to receive approximately five (5) new inmates per week for placement and treatment; that changes are being made to the various units at New Castle Correctional Facility; that the new policies and procedures are in the process of being completed, reviewed and approved; that the Indiana Women's Prison will serve as the mental health services facility for female inmates with serious mental illness in the IDOC; and that it was agreed that male and female inmates with serious mental illness whose segregation is not anticipated or scheduled to exceed 30 days will be maintained at their facility and receive mental health services there rather than effecting multiple physical transfers over a short period of time. IDOC is still in the process of finishing its new/amended policies and procedures related to treatment of inmates with serious mental illness. The Judge ordered the parties to submit a written status report to update the Court regarding the new facility and other issues on or before January 30, 2014.

108 Review allegations of abuse or neglect of individuals residing in facilities designated as a psychiatric residential treatment facility (PRTF)

IPAS opened one request for services during the quarter while two service requests had been carried in from the prior quarter. No service requests were closed, thus three service requests were carried into the second quarter.

With no closed service requests, no reportable outcomes were realized during the quarter.

Priority 2 To reduce or eliminate the denial of rights and discrimination due to a mental illness diagnosis.

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202 Review allegations of rights violations and discrimination under the Fair Housing Act, ADA (recreational opportunities only) or failure of a provider to obtain informed consent prior to treatment.

For the quarter, IPAS began with one open case, and opened two additional service requests. One service request was completed and closed, leaving two cases for the start of the next quarter.

In the one case closed during the quarter, IPAS was unsuccessful in challenging the Indiana Bureau of Motor Vehicles (BMV) decision to revoke the driver's license of our client. By the time the client had contacted IPAS the timeline during which the client could appeal had elapsed, and the client's own doctor recommended a restricted license only to "familiar streets, non congested roadways" due to the severity of his condition.

204 Review allegations of treatment rights violations of individuals with mental illness.

For the quarter, IPAS began with six and opened one additional service requests. Five service requests were completed and closed, leaving two cases for the start of the next quarter.

Within the closed service requests, IPAS' advocacy efforts resulted in these outcomes:

- In two of the service requests, IPAS staff was unable to find that violations of their rights had occurred.
- In three incidents, the client or guardian chose to self-advocate and withdrew their authorization for IPAS to act on their allegation.

205 Review allegations on behalf of individuals residing in state operated facilities when there is proposed or instituted restriction of a conditional right.

For the quarter, IPAS began with 13 open service requests, and opened four additional service requests. Thirteen service requests were completed and closed, leaving four cases for the start of the next quarter.

Within the closed service requests, IPAS' advocacy efforts resulted in these outcomes.

- Upon IPAS's recommendations, Richmond State Hospital (RSH) amended their hospital policy so that the patient complaint process adheres with federal regulation 42 CFR 482.13(a)(2)(i-iii) which requires that within 10 days, patient will be notified of the results of their grievance or will have been notified the investigation will take longer than 10 days and the reason for the delay.
- Also at RSH, IPAS successful advocated for the modification and implementation of a policy that would not allow residents to keep their identification cards, social security cards, etc. As a personal property item, their ability to possess these cards are considered one of the conditional rights of the resident as defined under Indiana law. RSH may only deny or limit a resident's conditional right to keep and use personal possessions on an individual basis, and only once good cause has been set forth in the

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individual's treatment record and only the person primarily responsible for the individual's care and treatment has approved of that decision. The new policy now sets forth a process that complies with the requirements found under Indiana law that must be followed when an SOF wishes to restrict the conditional rights of a patient. For the client of IPAS, he was allowed to maintain possession of his identification cards.

- IPAS assisted Madison State Hospital in the revision of its "Shopping/Business Transactions Policy" to reflect the state standard of "good cause" in deciding what client purchases are "appropriate, safe, and therapeutic." At issue was the treatment team's decisions to limit or deny a resident's conditional right to utilize his own funds without evidence and documentation to support a finding of "good cause" to do so.
- IPAS advocacy resulted in Logansport State Hospital (LSH) administration communicating to all unit staff that any patient upon request must be provided either the "Complaint Resolution" or "Request to Talk" form.
- Also at LSH, IPAS advocacy resulted in LSH administration reaffirming and conveying to unit staff that patients may call IPAS or other advocacy agencies as well as the LSH's Internal Rights Department without the call counting in their maximum number of allowed calls.

209 Review allegations on behalf of students where the school is not providing appropriate educational services.

For the quarter, IPAS began with three and opened 11 additional service requests. Three service requests were completed and closed, leaving 11 cases for the start of the next quarter.

Within the closed service requests, IPAS' advocacy efforts resulted in these outcomes:

- In one case, the child was found to be eligible under the provisions of Article 7 and is now receiving increased supports within a self-contained classroom, and is now receiving the required "free appropriate public education."
- In the other two cases, the guardian chose to self-advocate and withdrew their authorization for IPAS to act in their behalf.

Priority 3 Increase awareness and effective self-advocacy by working with and supporting advocacy groups and organizations.

301 Participate on the Resident/Human Rights Committee meetings of the facilities operated by the Indiana Department of Mental Health and Addiction.

During the quarter, IPAS staff attended ten meetings held at the various state-operated facilities (SOF).

Evansville State Hospital (ESH)- IPAS attended and participated in each of the three ESH Human Rights Committee (HCR) meetings held this quarter. IPAS staff and another ESH HRC member,

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advocated for ESH to update the facility's existing policy on the use of electronics, specifically docking/charging stations allowed in the residents' individual rooms. ESH's policy provided no direction as to the right of residents to have docking stations, which would charge their MP3 players and iPods, in their rooms. This discussion among the HRC occurred after a resident filed a grievance in which he reported to have been denied the right to use his docking station in his room to charge his iPod. Prior to purchase of the docking station, the resident's guardian reportedly obtained approval from an ESH staff member for the resident to have and use. ESH staff reported that a necessary adapter used in conjunction with the docking station item presented a swallow hazard, thus the resident was denied the right to keep the items in their room. The HRC agreed that a policy review and update was required to address this issue and made this recommendation to ESH's Administration.

Evansville Psychiatric Children's Center (EPCC)- IPAS attended the two Human Rights Committee meeting held at EPCC during this quarter. IPAS staff participated in the review of the six grievances brought to the HRC's attention and found no basis on which to object to the facility's handling of those grievances.

LaRue Carter Memorial Hospital (LCH)- Larry Lisak, Superintendent of Larue Carter Memorial Hospital recently resigned. Peggy Stephens, Superintendent of Madison State Hospital is acting superintendent until the position is filled. Prior to Mr. Lisak's resignation, IPAS inquired as to when he planned to reinstate the Human Rights Committee at Larue Carter Memorial Hospital. Mr. Lisak stated that he was developing a "Community Advisory Panel" and requested IPAS to participate on this panel. IPAS will inquire about reinstatement of a Human Rights Committee at Larue Carter Memorial Hospital with the replacement superintendent.

Logansport State Hospital (LSH)- IPAS attended all three Human Rights Committee meetings held at LSH during this quarter. IPAS staff participated in the review of the 44 grievances brought to the HRC's attention and found no basis on which to object to the facility's handling of those grievances. No issues were raised that required IPAS staff intervention.

Madison State Hospital (MSH)- IPAS was unable to attend any of the Human Rights Committee meetings held due to conflicting grand jury duties/schedules of the assigned IPAS advocate. This scheduling conflict will end shortly, and IPAS will begin to attend the meetings in the near future. However, IPAS staff did continue to monitor the committee's activities through review of the meetings' minutes.

Richmond State Hospital (RSH)- IPAS attended and participated in both RSH Human Rights Committee meetings held during this quarter. Based on resident complaints citing staff disrespect, IPAS staff advocated for RSH administration to track those named staff members to determine if there is a trend. The RSH administration agreed to track and analyze the information. During the November meeting, the new "Patient Complaint Level Assignment Worksheet" was presented to the HRC members. This form was implemented in response to IPAS finding that not all complaints were either not being coded correctly thus not being investigated within the appropriate time frame based on the type of the complaint.

302 Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices affecting the rights of individuals with mental illness.

During the quarter, IPAS staff attended one meeting of the selected committees, groups or task forces.

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Mental Health America of Greater Indianapolis Adult Guardianship Committee (MHAGI)-

MHAGI held one meeting during the quarter which was attended by IPAS staff. During the meeting, the committee was informed that Rosie Carney (Guardianship Coordinator) would be retiring at the end of 2013 and Candice Cheek would be taking over the responsibilities of overseeing guardianship to the 41 individuals currently receiving MHAGI services.

- There was discussion that the program formerly known as the Wishard Volunteer Guardian Program had merged with another program, thereby leaving several unmatched volunteers. A plan is in place for these volunteers to receive the appropriate training and begin working with MHAGI in or around October.
- There was specific discussion concerning four wards, two men and two female, with recent issues. One of the women is having health issues. Her dietician has ordered her to lose weight, but is offering little assistance to the guardian or the provider on how to promote her in being compliant with and enforcing dietary restrictions that were causing the woman to exhibit many behavioral problems. Committee recommendation was for further discussion with the dietician, focusing on one recommendation at a time so the woman can reach a goal and feel a sense of accomplishment as an encouragement to move forward in following another recommendation. If the dietician did not agree, the committee recommended seeking another medical opinion.
- The second woman has a number of medical challenges and is unwilling to leave the facility where she lives. She was recently sent to the hospital to complete testing to rule out colon cancer, but the hospital was unable to complete the exam due to her behaviors. As a result, the physician and hospital have recommended placing her on hospice for palliative care. There was committee agreement with this recommended course of action.
- Another individual discussed had been moved from Shelbyville to Indianapolis by the Guardianship Coordinator, as the provider in Shelbyville refused to address the gentleman's diagnosis of pedophilia. At the time of discharge from the state hospital, this condition was identified as posing a high risk of repeat occurrence. Since his move, this individual is now being provided services to address his pedophilia and is attending Noble workshop. The individual was formerly under an outpatient commitment, but that commitment will be dropped as the guardianship coordinator is now involved with setting up his treatment.
- The last person discussed previously had multiple behavioral instances a month and was recently moved at the Guardianship Coordinator's instruction, so that they now reside with a female who is also under MGHAI guardianship. This individual's behaviors have decreased drastically, and their quality of life has improved considerably.

Priority 4 Increase awareness and effective self-advocacy by providing education and training about disability rights and the exercise of these rights

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Objectives:

401 Conduct training concerning the civil and disability rights of individuals with mental illness for family members.

During the 1st quarter, there were no education/training events under this objective.

402 Conduct resident rights training for consumers at selected Community Mental Health Centers.

During the quarter, IPAS staff conducted ten trainings attended by 82 residents among four different Community Mental Health Centers.

405 Support the education and training events of consumer-based organizations holding events for consumers to increase their awareness of disability rights.

While there were, no education/training events held by IPAS under this objective. IPAS provided a \$1500 sponsorship to NAMI of Indiana for support of their conference held on Saturday October 5, 2013 in Indianapolis.

Mental Health America of IN Legal Clinic Project

Nineteen year old “Nathan’s” parents contacted the clinic because Nathan had been arrested for possession of marijuana paraphernalia. Since he had no prior arrest record, his parents were seeking help to work with the court to divert Nathan to a residential treatment program in lieu of prosecution. The clinic’s legal staff contacted the prosecutor and provided information about Nathan, the recommendations of his psychiatric treatment team and the proposed diversionary program. Nathan is currently awaiting word on his acceptance into the diversionary program. The court is agreeable if he is accepted.

The clinic continues to work on expunging the criminal records of two clients under the new expungement law that went into effect July 1, 2013. The clinic also began collaboration with Indiana Legal Services to form an Expungement Task Force to work on various related issues. Mental Health America legal staff made eight presentations to various groups concerning rights issues of interest to persons with mental illness, reaching 165 persons. Finally, the clinic staff are working with a local judge and mental health providers to develop a curriculum for addressing the continuing education needs of judges as relates to mental health legal issues.

406 Support the creation of a Crisis Intervention Team program in an Indiana Law Enforcement entity.

There was no activity on this objective in the 1st quarter. IPAS has yet to be approached for assistance in the development of any CIT programs in the state.

Priority 5 Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

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Objectives:

501 Respond to requests for information and referral and technical assistance to individuals with mental illness, their families, and professionals that are requesting information concerning disability rights and provide technical assistance concerning the exercise of these rights.

General Problem area as coded in the IPAS Data base (DAD)	1st Quarter's Total	
Abuse	17	11%
Education	11	7%
Employment Discrimination	4	3%
Healthcare	9	6%
Housing	7	4%
Neglect	13	8%
Not Selected*	64	41%
Rights Violations	33	21%
Grand Total	158	

*Not Selected includes those Informational and Referral contacts not entered into the DAD database. Typically, support staff addresses these contacts, which include requests such as a specific provider's telephone number or for IPAS publications. These contacts lack sufficient information to allow entry of the General Problem into the DAD database.

PAIMI End

Protection and Advocacy of Individual Rights PAIR, Tom Crishon, Program Coordinator

I. STATISTICS

Informational Inquiries	111
Cases Carried over from Previous Quarter	25
New Cases Opened	8
Total Clients Served	33
Total Number of Individuals Served	144
Cases Closed at End of Quarter	11
Cases on Hand at End of Quarter	22

II. REPRESENTATIVE CASE

“Jennifer,” age 58, lives in an apartment complex in La Porte. Oftentimes, the parking lot in front of Jennifer’s building would be full, requiring her to travel through the parking lot to get to her apartment. Due to disability-related mobility issues, this was often difficult. IPAS successfully advocated on Jennifer’s behalf in 2012 for her apartment complex to reserve a parking space for her close to her building. This was in accordance with the Fair Housing Act (FHA), which requires a landlord to provide reasonable accommodations to afford an individual with a disability equal opportunity to use and enjoy a dwelling unit. Further, the FHA Design Manual specifically requires that reserved parking spaces be provided to residents with a disability who might need them when parking is offered on a “first come, first served” basis. Unfortunately, Jennifer contacted IPAS several months later and stated that other residents were ignoring the reserved sign and using her parking space. IPAS contacted complex management to negotiate a solution. It was agreed that the apartment complex would make Jennifer’s reserved parking space a fully-marked accessible parking space, with appropriate markings and the International Symbol of Accessibility. This would hopefully further deter other residents from using Jennifer’s reserved parking space, as such use without a state-issued placard would now be a Class C infraction under state law.

As a result of IPAS advocacy, Jennifer’s right to a reasonable accommodation under the FHA was properly observed and responded to by complex management.

III. PRIORITIES AND OBJECTIVES

Priority 1: Reduce or eliminate abuse and neglect of individuals with disabilities.

Objectives:

101 Review 20 allegations of abuse and neglect on behalf of individuals with disabilities to ensure that the allegation is reported to the responsible entities and advocate that necessary actions are taken to protect the health, safety and welfare of the individual.

Three service requests were opened this quarter and three were closed. Three service requests remain open.

Outcomes achieved for the closed service requests this quarter included:

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- Reviewing an allegation of medical neglect on behalf of an individual residing in a nursing home and determining that the individual was not subjected to medical neglect; and
- Reviewing the medical treatment of an inmate at New Castle Correctional Facility and determining that the individual was not subjected to medical neglect.

Priority 2 : Reduce or eliminate discrimination or the denial of rights due to disability.

Objectives:

201 Review 30 allegations of discrimination under the Americans with Disabilities Act, Fair Housing Act, or other disability discrimination law.

Four service requests were opened this quarter and seven were closed. Fifteen service requests remain open.

Outcomes achieved for the closed service requests this quarter included:

- Advocating for a Marion County polling place to be made accessible in accordance with the Americans with Disabilities Act; and
- Ensuring that the City of Anderson's paratransit service was operating in accordance with the requirements of the Americans with Disabilities Act.

In addition to the service requests, two projects were opened this quarter and three projects remain open. One new project was opened to review allegations that street parking areas located near the Indiana Statehouse are not fully accessible. The second new project was opened to ensure that a Wishard Memorial Hospital policy concerning service animals was compliant with the relative provisions of the Americans with Disabilities Act and Indiana law concerning service animals.

One of the other projects involves reviewing the accessibility of an outdoor exhibit at the Indianapolis Museum of Art. That entity has committed to making changes and modifications to the pavilion, the signage, and paths. IPAS will ensure that the appropriate changes have been made in the coming quarters. The two other projects involve business parking lots found to be out of compliance with the Americans with Disabilities Act. IPAS continues to advocate for compliance in those projects.

203 Review three allegations of disability based discrimination that may have systemic implications.

One service request was opened this quarter. Additionally, two projects remain open under this objective.

The first project involves IPAS's survey of the National Railroad Passenger Corporation, d/b/a Amtrak stations in Indiana. When the Americans with Disabilities Act (ADA) was enacted in 1990, Amtrak was given 20 years to make its rail system (trains and stations) fully accessible. It has been 23

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years since the ADA became law and Amtrak is still largely inaccessible to individuals with a disability. Even today, Amtrak refuses to sell tickets to individuals with a disability to some destinations because there is no way for those individuals to get off the train once they arrive. While accessibility problems exist nationwide, this project was limited to accessibility concerns found at stations located in Indiana. In the fourth quarter of last fiscal year, IPAS, in coordination with NDRN and other protection and advocacy systems across the country, surveyed the accessibility of Amtrak train stations. IPAS surveyed all 11 Amtrak locations in Indiana for compliance with the relevant accessibility laws, including the ADA, and found accessibility concerns at all locations. These 11 locations include stations in Connersville, Crawfordsville, Dyer, Elkhart, Hammond-Whiting, Indianapolis, Lafayette, Michigan City, Rensselaer, South Bend, and Waterloo. IPAS submitted its results in a complaint to the United States Department of Justice (USDOJ), requesting that the USDOJ fully investigate these claims and ensure that Amtrak make the necessary changes to stations in Indiana to become fully accessible to individuals with a disability. There has been no new activity for this project this quarter. IPAS awaits contact by the USDOJ concerning that disability discrimination complaint.

The second project involves accessibility at Gas America convenience stores and gas stations. Gas America was acquired by Speedway LLC, the nation's fourth largest company-owned and operated convenience store chain and an indirect wholly owned subsidiary of Marathon Petroleum Corporation. IPAS legal continues to corresponded with legal counsel from Speedway to discuss the accessibility problems found at the Gas America locations prior to the Speedway acquisition and to ascertain how that company has addressed or plans to address any ADA compliance issues at these newly-acquired locations.

204 Review allegations on behalf of five students where the school is not providing appropriate educational services.

This is a newly-created objective for this fiscal year. IPAS began accepting requests for services in the fourth quarter of last fiscal year, which resulted in four service requests opening that quarter. One service request was opened this quarter and two service requests were closed. Three service requests remain open.

Outcomes achieved for the closed service requests this quarter included:

- Reviewing the Individualized Education Plan of a student receiving special education services in Sullivan, Indiana, and concluding that the student was receiving a Free Appropriate Public Education.

Priority 3: Increase awareness and effective self-advocacy by providing education and training about disability rights and the exercise of these rights.

Objectives:

301 Provide education and training about disability rights, self-advocacy skills and IPAS to individuals with disabilities, parents, guardians, advocates, and/or service program providers.

During the first quarter, there were four education/training events and four public information activities under this objective, reaching approximately 789 individuals. There were 37 agency-wide

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education/training events and public information activities (AW202) introducing IPAS services, including PAIR, to approximately 1,751 individuals.

Additionally, a project remains open under this objective to conduct resident rights training - focusing on abuse/neglect and grievance procedures - at select Indiana nursing facilities. Trainings were conducted this quarter at two nursing facilities.

302 Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices affecting the rights of individuals with disabilities.

IPAS continues to participate in two committees, groups or task forces under this objective: the ADA-Indiana Steering Committee and the Back Home in Indiana Alliance Steering Committee.

ADA Steering Committee: IPAS was represented at two of two meetings during the quarter. Throughout the quarter, the committee's focus included the ongoing ADA Audio Conference series sponsored by ADA Indiana and the Disability and Business Technical Assistance Center (DBTAC); the Legal Issues Webinar Series; ADA Community grants that are available to entities wanting to promote accessibility in their communities; ongoing referrals; and technical assistance and information dissemination. New business included a discussion on the seven approved host site locations for the 2014 ADA Audio Conference series and a discussion on presenters for the annual Governor's Planning Council Conference held on December 3-4.

Back Home in Indiana Alliance Steering Committee: During the first quarter, IPAS was represented at the quarterly Back Home in Indiana Alliance Steering Committee meeting. Discussion included the activities completed by the central Indiana Back Home Team in 2013; the WILL Center Ramp Building project; the work being done at the Indiana Housing and Community Development Authority, as it related to Back Home's goals; and the organization's overall accomplishments and challenges for 2013.

Priority 4: Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

401 Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about disability rights and provide information and technical assistance concerning the exercise of these rights.

During the first quarter, IPAS responded to 111 PAIR information and referral inquiries.

PAIR End

Client Assistance Program CAP

Cathy Wingard, Program Coordinator

I. STATISTICS

Informational Inquiries	29
Cases Carried over from Previous Quarter	14
New Cases Opened	3
Total Clients Served	17
Total Number of Individuals Served	46
Cases Closed at End of Quarter	7
Cases on Hand at End of Quarter	10

II. REPRESENTATIVE CASE

“Aaron” contacted IPAS because VRS had refused to assist him with college costs. He had been found eligible for VRS services but VRS maintained that Aaron did not have any “financial need” and should be able to pay for his own college expenses. Fact-finding revealed that VRS had violated Aaron’s rights by denying him financial assistance for his post secondary training. IPAS represented Aaron at an administrative hearing and the hearing officer ruled that in order for Aaron to reach his employment goal, VRS should provide funding for post secondary education, per the Rehabilitation Act. VRS was ordered to reimburse Aaron for the costs of his tuition, transportation, books, and supplies that he had already incurred. Systemic change was achieved in this case in that VRS now understands that the Federal Rehabilitation Act prohibits the use of a financial needs test when determining financial contribution levels to an individual’s post secondary school expenses.

III. LEGAL

Judicial Review Petition: IPAS is representing a client in his appeal of the denial of educational financial assistance by Vocational Rehabilitation Services (VRS). VRS adopted a new process and calculation for determining the upper limit of financial assistance/need for post-secondary educational expenses in late 2011 without issuance of a new or amended policy or procedure. The primary argument in the case is that the Policy and Procedure Manual (PPM) used by VRS meets the Indiana common law definition of a “rule”; is subject to the “Administrative Rules and Procedures Act” (ARPA), and its rule promulgation provisions; that the PPM has not been promulgated; and therefore under ARPA, the PPM is void according to law. After consultation with this client, and another IPAS client that has a pending judicial review petition for denial of replacement hearing aids, IPAS counsel initiated a collaborative effort with the American Civil Liberties Union (ACLU). IPAS and ACLU counsel agreed that the best way to address the issue of the lack of promulgation of the PPM was to file a class action to ask that the VRS PPM be declared void under ARPA. An informal agreement in settlement of the class action was filed with the Court in October, through which FSSA/VRS has agreed to promulgate the PPM. Additionally, the settlement included payment of reimbursement to the client for all tuition and book expenses which were in contest in his original judicial review petition, which reimbursement the client has received. The case will now remain open as one of the named plaintiff’s causes in the class action, and will close upon the resolution of the class action claim through promulgation of VRS’ PPM.

Administrative Hearing: IPAS has agreed to represent the client in the above case in a separate appeal on the same issue involving denial of educational assistance (tuition and books) for the Fall 2013 semester. FSSA/VRS declined to settle these issues along the same lines as is proposed in the above case for the same client. This administrative hearing for this case is now indefinitely continued

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pending the resolution of the class action in which the promulgation of VRS' PPM was in issue and is now in process of being promulgated. IPAS cannot begin a separate litigation using the promulgation argument while the class action remains open without final disposition before the court.

Judicial Review Petition: IPAS is representing a client in the judicial review of Vocational Rehabilitation Services (VRS) denial of replacement hearing aids. The Administrative Law Judge determined that the client did not qualify for replacement hearing aids because the client did not have a substantially revised prescription, the client continues to have the same job duties, and is not being threatened with job loss. The client's initial judicial review petition resulted in the case being remanded to VRS, and subsequently VRS and the agency again denied the client's requested services. A second judicial review petition was filed and is now pending, and the record from the second administrative denial has been filed with the Court. After consultation with the client and another IPAS client that has a pending judicial review petition for denial of post-secondary educational assistance, IPAS counsel initiated a collaborative effort with the American Civil Liberties Union (ACLU). IPAS and ACLU counsel agreed that the best way to address the issue of the lack of promulgation of the PPM was to file a class action to ask that the VRS PPM be declared void under ARPA. The parties reached an informal agreement in settlement of the class action issues, which settlement was filed with the Court in October. FSSA/VRS has agreed through the settlement to promulgate the PPM. The client received her hearing aids in the last quarter of 2013, and the case will now remain open until the final resolution and dismissal of the class action issue before the court.

IV. PRIORITIES AND OBJECTIVES

Priority 1 Assure that eligible individuals receive appropriate Vocational Rehabilitation Services (VRS) and services through Centers for Independent Living (CIL)

Objectives:

101 Review complaints on behalf of individuals seeking employment services regarding VRS or CIL eligibility determination.

The Client Assistant Program (CAP) assisted several individuals under this objective this quarter. Two new service requests were open to review VRS eligibility decisions. Two service requests that were carried over from the previous quarter were closed this quarter. One of the closures involved "Holly". She contacted CAP and asked that an advocate to assist her with an appeal of a VRS ineligibility decision. Holly reported that she had a learning disability and felt that she should be eligible for VRS services. VRS determined that Holly did not have a qualifying disability that would pose a substantial barrier to employment. IPAS fact-finding revealed that the assessment documentation collected by VRS did not support the eligibility requirements as set forth by the Federal Rehabilitation Act. IPAS provided Holly with information about the relevant policies that VRS referenced in making their decision and provided her with technical assistance regarding the VRS appeal process.

Client Assistance Program CAP

Cathy Wingard, Program Coordinator

Priority 2 Assure that Vocational Rehabilitation Services (VRS) and Centers for Independent Living (CIL) applicants and clients have the opportunity to make informed choices and fully participate throughout the VRS and independent living processes.

Objectives:

201 Review complaints regarding failure of VRS and CIL in providing choice to individuals seeking services under these programs.

IPAS opened one service requests under this objective this quarter and closed four. Of the four closed, the following case best represents CAP advocacy efforts under this priority during this quarter:

“Eugene” contacted IPAS because he believed VRS was delaying services as agreed to in his Individualized Plan for Employment (IPE). After a thorough review of the documentation, the CAP advocate determined that the initial services specified in the client’s IPE were being provided. CAP also obtained information that indicated that Eugene’s medical condition had changed. CAP advocated for VRS to obtain additional assessments of Eugene’s work environment, his home modification needs and his medical status. Based on the new information obtained from these assessments, CAP then advocated for VRS to provide a chair lift and other services to enable Eugene to continue to work at home and access his second-floor home office.

CAP also assisted other individuals who lodged other types of complaints concerning their right to choice in the vocational rehabilitation process. In one case, the CAP advocate provided technical assistance on the reapplication for VRS services. In another case, CAP successfully represented a client at an administrative hearing where a VRS decision to deny a client post secondary school funding was reversed. CAP also provided technical assistance to another client about her rights and VRS policies so she could make an informed decision about whether she should continue in services with VRS.

202 Review the quality and completeness of Individual Plan for Employment documents developed by VRS as they relate to the individual’s identified vocational services and supports as well as choice(s).

IPAS did not open any service requests during this quarter but one carry over case from the last quarter was closed. In that case, CAP assisted “Iris” in understanding why her VRS case had been closed. The advocate provided her with the relevant policy that supported VRS’ decision to close her case and informed her of her right to appeal the decision. CAP advocates also reviewed two IPE’s to ensure that they reflected the individuals’ choices in terms of employment outcome, services to be provided and service providers.

203 Review the quality and completeness of Plan of Services documents developed by the CILs as they relate to the individual’s identified services and supports as well as choice(s).

There have not been any calls to IPAS requesting that an independent living center-generated service plan be reviewed. During this quarter however, an IPAS advocate attended and presented information

**Client Assistance Program CAP
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about CAP and other IPAS programs at a staff meeting at the Center on Independent Living in Vincennes. IPAS continues to provide CAP information and brochures to Centers and to the Indiana Council on Independent Living (ICOIL) during its monthly meetings.

Priority 3 Assure that VRS continues to provide services as mandated per the Federal Rehabilitation Act of 1973 As Amended.

Objectives:

302 Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices to assure compliance with the Rehabilitation Act of 1973 as amended.

The Indiana Commission on Rehabilitation Services (the VR Commission) met on November 8, 2013 during this quarter. IPAS continues to chair the Policy Oversight and Planning and Evaluation Committee. The committee meets prior to the regular Commission meeting. The committee reviewed four hearing decisions and held discussions with regard to VRS policy as it applied to those decisions. Hearing officers heard and made finding of fact decisions on VRS policy on physical restoration services, vehicle modification services, eligibility determinations, and assistive technology. Comments were then made to the Commission during the regular part of the meeting and VRS management responded to concerns. The Commission was also asked to review the VRS trial work experience program and the benefits information network services.

IPAS also met with VRS Director Kylee Hope and others during this quarter to begin a dialogue with regard to VRS rule promulgation and policy revisions. Work groups are to be formed and VRS has invited IPAS to submit names of individuals who might be interested in contributing to this process. Work groups will address already existing policies on small business enterprises, supported employment, vehicle and home modification, hearing aid provision, post secondary funding and eligibility. These policies have been widely challenged through the VRS appeal process.

During the past quarter, IPAS attended two of the three scheduled monthly Indiana Council on Independent Living (ICOIL) meetings. The primary activities included the election of new ICOIL officers and the discussion and revisions to the state plan. ICOIL continues to plan activities to inform the public about the services it offers to people with disabilities and to recruit new members. The IPAS council member offers CAP and IPAS as resources to independent living centers to address client needs and disability rights issues.

303 Provide education and training about employment, disability rights, self-advocacy skills and IPAS to individuals with disabilities, parents, guardians, families, advocates, and/or service program providers.

IPAS provided education and training about the CAP program this quarter by meeting with three VRS offices and their counselors, exhibiting at the annual traumatic brain injury conference, and communicating with four special education school cooperatives to arrange for delivery of transition materials. An advocate also surveyed a sheltered workshop this quarter to assure those employees

**Client Assistance Program CAP
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understand their rights, especially their right to work in their communities if they choose to do so.

Priority 4 Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

401 Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about regarding VRS or CIL.

IPAS intake specialists responded to 29 inquires about IPAS services this quarter.

402 Develop and disseminate transition materials to all transition aged students, aged 14 years through 22 years, in three Indiana school districts.

During the first quarter of the fiscal year IPAS Advocates have distributed more than 250 of the IPAS publication called "Transition Planning Guide-A Handbook for Parents". These were distributed at school sponsored transition fairs where advocates also set up exhibit booths and distributed other IPAS publications. The Greater Lafayette Special Education Services, Avon High School, Evansville Arc, and the Bartholomew County School Corporation received materials.

**Protection and Advocacy for Assistive Technology
PAAT, Keith Butler, Program Coordinator**

I. STATISTICS

Informational Inquiries	9
Cases Carried over from Previous Quarter	9
New Cases Opened	0
Total Clients Served	9
Total Number of Individuals Served	18
Cases Closed at End of Quarter	4
Cases on Hand at End of Quarter	5

II. REPRESENTATIVE CASE

Our client, “Stacy,” is a resident at Especially Kidz (EK), a nursing home facility designed primarily for children and some adults with specialized medical needs, such as ventilator dependence. Her mother called IPAS and stated that Stacy’s wheelchair was worn out, detrimental to her health, and did not fit her properly, and that EK was not responding to her request for a new wheelchair. Stacy is in her mid-twenties and is her own guardian. After consulting with Stacy, IPAS advocated that updated evaluations be completed to determine her need for a power wheelchair. Evaluations were done by an occupational therapist and a physician, both recommending a power wheelchair due to her needs. Once the evaluations came back, EK elected to purchase a wheelchair on their own rather than go through the Medicaid prior authorization process. The facility did purchase an appropriate wheelchair, giving Stacy a successful outcome.

III. LEGAL

Administrative Hearing: An IPAS client was in need of a power wheelchair. He applied to Medicaid for prior authorization. The request was rejected as not being medically necessary. Two separate experts, a psychiatrist and an Occupational Therapist, concluded based on medical reasons that a power wheelchair is a medically reasonable and necessary service. This was based on their opinion that the client’s respiratory function is compromised by using a manual wheelchair, and also that the power wheelchair can prevent pressure sores, is good for his back and decreases his risk of Deep Vein Thrombosis and edema. IPAS agreed to represent the client in the administrative hearing to challenge the denial of the wheelchair.

A hearing was held on December 19, 2013. The Hearing Officer’s decision sustained the state’s denial of the client’s request for prior authorization for a power wheelchair and accessories. The decision rests on two conclusions, which IPAS believes are inaccurate. The paragraph explaining the denial states: “In order for any prior authorization request to be approved, consideration must be given to whether the item is medically reasonable and necessary for the treatment of an illness.” or injury or to improve the functioning of the body member. The evidence supports that the non-standard equipment is necessary to allow the client to position so that he would tilt to the left and to avoid potential medical conditions. State regulations do not allow for prior authorization of Durable Medical Equipment (DME) for the prevention of a condition, but the improvement of the condition. It further does not allow for positioning of an individual.”

IPAS disagrees with this decision because there is no regulation that states the DME cannot to be used to prevent a condition. There is no evidence in the record, including the two evaluations provided by the Appellant and the two reviews submitted by the state, that the primary purpose of the chair is to

**Protection and Advocacy for Assistive Technology
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facilitate the client's ability to tilt to the left. Even if that were true, there is not regulation that states the Medicaid funding of wheelchairs does not allow for the positioning of an individual.

IV. PRIORITIES AND OBJECTIVES

Priority 1 Increase independence and participation in communities by assuring access to assistive technology services and devices.

Objectives:

101 Assist individuals with disabilities in obtaining assistive technology services and devices in the areas of education, health care, employment, community living and in the use of telecommunications.

IPAS represented nine individuals under this objective this quarter. In addition to the representative case described above, another case closed this quarter involved a parent contacting IPAS for assistance with an administrative hearing. Her son's speech therapist had recommended an augmentative communication device for her son, who has autism. Medicaid initially denied this request and a hearing was scheduled. Early in the case, Medicaid reversed its decision and agreed to provide the device to the client.

102 Provide education and training about assistive technology, disability rights, self-advocacy skills providers.

During the first quarter there were two education/training events and one public information activity under this objective (PAAT 102), reaching 130 individuals.

There were a total of 37 agency-wide education/training and public information activities (AW202) introducing IPAS services, including PAAT, to approximately 1,751 individuals.

103 Participate in one assistive technology conference.

IPAS did not attend an assistive technology conference this quarter.

Priority 2 Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

201 Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about assistive technology.

IPAS responded to nine requests for information and referral this quarter.

PAAT End

Protection and Advocacy for Traumatic Brain Injury PATBI, Cathy Wingard Program Coordinator

I. STATISTICS

Informational Inquiries	12
Cases Carried over from Previous Quarter	4
New Cases Opened	1
Total Clients Served	5
Total Number of Individuals Served	17
Cases Closed at End of Quarter	3
Cases on Hand at End of Quarter	2

II. REPRESENTATIVE CASE

During this quarter, several individuals with traumatic brain injuries were served under other IPAS programs as the PATBI grant had been reduced by budget cuts and was near depletion. Most notable are several positive outcomes achieved under the Protection and Advocacy for Assistive Technology (PAAT) program. Below is a representative case involving a young woman with a traumatic brain injury who was in need of a new wheelchair.

“Susan” called IPAS for help. She stated that she had been using the same wheelchair for 13 years and her efforts to obtain a new one from her long term care residential provider were unsuccessful. IPAS was very familiar with the facility as other issues/concerns/complaints from other residents of this facility had been brought to the IPAS’s attention. IPAS informed the facility management of their obligation under Medicaid rules to provide residents with necessary durable medical equipment like wheelchairs. IPAS then monitored the situation as Susan was assessed, evaluated, prescribed, fitted, and finally received a new wheelchair that met her needs. Susan is now able to continue working towards greater independence via rehabilitation services provided by the facility.

III. PRIORITIES AND OBJECTIVES

Priority 1: To reduce or eliminate abuse and neglect of individuals with traumatic brain injury.

Objectives:

101 Review five allegations of abuse and neglect on behalf of individuals with traumatic brain injuries to ensure that the allegation is reported to the responsible entities and advocate that necessary actions are taken to protect the health, safety and welfare of the individual.

There were no new cases opened under this objective during the first quarter. Despite the low numbers of client-based activities under the PATBI grant this quarter, there have been numerous individuals with TBI who have been served or are being served under several other financially solvent grants.

Priority 2: Assure access to services for individuals that have traumatic brain injury.

Objectives:

201 Review allegations of discrimination on behalf of three individuals with traumatic brain

Protection and Advocacy for Traumatic Brain Injury PATBI, Cathy Wingard Program Coordinator

injury who have been denied services under the ADA Title 2 and 3, or Fair Housing Act and take appropriate action.

One allegation of discrimination was reviewed this quarter however it was deemed to lack merit for IPAS representation. IPAS assigned an advocate to investigate an allegation made by a gentleman with a traumatic brain injury of an inappropriate termination of his subsidized housing. The following summarizes IPAS' efforts to assist the caller:

"Tim" is a person with a traumatic brain injury. He contacted IPAS about an issue involving the termination of his subsidized housing Section 8 voucher. Tim alleged that his apartment complex falsely accused him of providing false information on his housing application and they were terminating his lease on this basis. Tim felt that this was a violation of his rights. IPAS agreed to review this as a possible violation of the Fair Housing Act. IPAS contacted the Housing Authority's legal counsel. Their counsel provided IPAS with substantial proof and evidence that Tim had not provided accurate information on his application. It was found that Tim had a history of alcohol and drug usage resulting in complaints by other residents. IPAS obtained information indicating that Tim had been arrested on drug related charges. Other residents had also filed complaints against Tim that he had been verbally aggressive and had operated his wheelchair in an aggressive and intimidating manner. Due to the undisclosed history and complaints, the Housing Authority terminated Tim's lease. IPAS found no discrimination or rights violation and was therefore unable to offer Tim any further advocacy services on this issue. Tim was referred to other available services in his area.

202 Review allegations that the school is not providing appropriate educational services on behalf of three students.

During the first quarter of the year, IPAS provided advocacy services on behalf of three students whose schools had reduced or was about to reduce their educational services. IPAS's advocacy efforts resulted in Individualized Educational Plans being developed or amended for these children. The plans addressed and promoted:

- Appropriate educational services based on educational evaluations
- Attendance at school with a full day schedule rather than partial days
- Compliance and implementation of educational plans
- Functional Behavioral Assessments and Behavior Intervention Plan services
- Information and guidance to enhance self-advocacy skills
- Technical assistance to parents

"Chuck's" legal guardian contacted IPAS. Chuck is in the first grade. Chuck was only attending school half days, had been suspended repeatedly, and was frequently sent home early if he misbehaved. The guardian was worried about Chuck's behavior and had made several requests to the school that he be evaluated for special education services when he was in kindergarten. Her requests were initially ignored. Prior to IPAS involvement, the guardian had made another request for psychoeducational testing and Chuck was in the process of being evaluated for special services when IPAS initiated services. IPAS monitored and reviewed as the school provided requested evaluations, made recommendations based on that testing, and implemented a new education plan per the results. Chuck's education plan complies with the state law governing these services and addressed the guardian's concerns to their satisfaction. Chuck is now attending school full days and receiving special

Protection and Advocacy for Traumatic Brain Injury PATBI, Cathy Wingard Program Coordinator

services to help him learn.

203 Review complaints on behalf of five individuals with traumatic brain injury seeking employment services from Indiana Vocational Rehabilitation Services.

There were no complaints received this quarter involving individuals seeking employment services from Indiana Vocational Rehabilitation (VR) Services. However, during the course of advocating for VR applicants or VR eligible individuals under other IPAS programs, IPAS was able to identify several instances where individuals receiving VR services had not been previously diagnosed with TBI but had reported traumatic brain injury events to IPAS. With client consent, his information was shared with VR which lead to further evaluation/ assessment of these the individuals and their vocational needs.

Priority 3: Increase awareness about IPAS' services and disability rights for individuals with traumatic brain injuries, their families and service providers.

Objectives:

301 Provide education and training about disability rights, self-advocacy skills and IPAS to individuals with Traumatic brain injury, parents, guardians, advocates, and/or service program providers.

During the first quarter, there were three education/training events and three public information activities specific to TBI that took place under this objective. Four hundred and nine individuals received information about their rights and self advocacy. IPAS conducted a total of 37 agency-wide education/training and public information activities this quarter introducing IPAS services to approximately 1,751 individuals.

IPAS participated in and attended trainings throughout the state this quarter. The IPAS Education and Training Director presented information about the PATBI program to students at Ball State and IUPUI. Advocates talked with students and parents at three special education transition fairs about PATBI and networked with the statewide parent advocacy group, InSource, to reach students with TBI. IPAS provided input to the Indiana Hospital Association's Rehabilitation Task Force and joined Indiana Vocational Rehabilitation for training opportunities on acquired brain injury and resource facilitation. Our newest TBI advocate joined a webinar presentation by Indiana Vocational and Rehabilitation Services in December. The webinar was titled "Acquired Brain Injury, Vision Rehabilitation, Home and Community Re-entry." The advocate gained valuable information about the role of resource facilitation for those with TBI, the methods of intervention, compensation/ adaptation and about regional resource partnerships in assisting clients and their families.

Trainings were also provided this quarter to agencies and individuals that provide direct services to individuals with TBI, including three Indiana Vocational Rehabilitation Services offices. IPAS also provided information, referral and advocacy to many callers via our intake specialists.

**Protection and Advocacy for Traumatic Brain Injury
PATBI, Cathy Wingard Program Coordinator**

302 Assist the Brain Injury Association of Indiana (BIAI) in planning and sponsoring of the Annual BIAI Conference.

The 2014 Brain Injury Association's annual conference will likely be held in September. IPAS will lend itself to any planning/organizing as in the past. Until then, IPAS will continue ongoing dialogue with the Director and BIAI Leadership Board with regards to IPAS's TBI program and services available for those who have sustained a traumatic brain injury. Ongoing concerns in the areas of employment, educational accommodations, financial exploitation, access to health care and rehabilitation services and independence will continue to be addressed by IPAS and BIAI.

303 Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices affecting the disability rights issues of individuals with traumatic brain injuries.

IPAS is a member of the Indiana Brain Injury Leadership Board. This group oversees Indiana's Health Resources and Services Administration (HRSA) TBI Implementation Partnership grant. It is in its fifth year. There is no activity to report as the Leadership Board did not meet during this quarter. However, due to the relationships that have been built with the Leadership Board, IPAS intake was able to provide a caller with valuable information about TBI treatment options in and out of state. The HRSA TBI Grant Program Director assisted IPAS in obtaining valuable information about Indiana Medicaid and its funding options.

Priority 4: Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

401 Respond to requests for information and referral and technical assistance to individuals with traumatic brain injury, their families, and professionals about disability rights and provide information and technical assistance concerning the exercise of these rights.

IPAS received 12 calls from individuals with traumatic brain injury or their family members who were in search of information and/or technical assistance about their rights as individuals with a disability. Currently, two service requests have been forwarded to advocates for fact finding. They will determine if a gentleman in a wheelchair has experienced an ADA rights violation at a local store and if a child with a TBI is receiving all necessary special education services at school.

PATBI End

First Quarter October 1-December 31, 2013

Protection and Advocacy for Voting Access PAVA, Keith Butler, Program Coordinator

I. STATISTICS

Informational Inquiries	0
Cases Carried over from Previous Quarter	0
New Cases Opened	0
Total Clients Served	0
Total Number of Individuals Served	0
Cases Closed at End of Quarter	0
Cases on Hand at End of Quarter	0

II. REPRESENTATIVE CASE

There is no representative case as IPAS had closed all of its PAVA program cases from the 2012 election prior to this quarter.

III. PRIORITIES AND OBJECTIVES

Priority 1: To ensure full participation in the electoral process for Individuals with disabilities.

Objectives:

101 Develop and distribute information concerning voter registration, access to polling places and the right to cast a vote, including information regarding the state's grievance procedure and the role of IPAS in representing individuals.

There is no activity to report for this quarter.

Priority 2: To provide education, training and assistance to individuals with disabilities that will promote their participation in the electoral process.

Objectives:

201 Respond to education, training and assistance requests to individuals with disabilities that will promote their participation in the electoral process.

During the 1st quarter there were no Education/Training events under this project.

There were a total of 37 agency wide education/training and public information activities (AW202) introducing IPAS services including PAVA to approximately 1,751 individuals.

A total of 3,037 IPAS publications were distributed to the community at events and other activities during this quarter.

First Quarter October 1-December 31, 2013

Protection and Advocacy for Voting Access PAVA, Keith Butler, Program Coordinator

Priority 3: Participate in advocacy and education efforts revolving around HAVA implementation efforts in their State or Territory.

Objectives:

301 Respond to request for information or training material regarding Help America Vote Act.

During the 1st quarter, a total of 290 pieces of IPAS created, HAVA informational materials were distributed by IPAS employees under all objectives including 30 Voting Guides, 225 PAVA Brochures, and 35 Voting Information Bookmarks

Priority 4: Training and education of election officials, poll workers, and Training and education of election officials, poll workers, and disabilities and best practices in working with individuals with disabilities.

Objectives:

401 Respond to request by election officials, poll workers, and election volunteers regarding the rights of the voters with disabilities and best practices in working with individuals with disabilities.

There is no activity to report for this objective for this quarter.

Priority 5: To assist individuals with disabilities in filing complaints To assist individuals with disabilities in filing complaints required by HAVA and represent individuals with disabilities in any hearing that may be held regarding the complaint.

Objectives:

501 Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about regarding Help America Vote Act.

There were no requests for information and referral related to voting this quarter.

502 Assist or represent individuals with disabilities in the grievance procedure set forth in the Indiana HAVA plan.

We have closed all of our PAVA cases from prior elections prior to this quarter.

Priority 6: To provide assistance to State and other governmental entities regarding the physical accessibility of polling places.

First Quarter October 1-December 31, 2013

**Protection and Advocacy for Voting Access
PAVA, Keith Butler, Program Coordinator**

Objectives:

601 Respond to request governmental entities regarding the physical accessibility of polling places.

There is no activity to report for this objective for this quarter.

**Priority 7: To obtain training and technical assistance on voting issues, including education regarding accessible voting equipment and systems.
Objectives:**

701 As needed provide in-service training to IPAS staff regarding voting issues, including education regarding accessible voting equipment and systems.

The Education Director continues to make materials available. No specific trainings were conducted this quarter.

PAVA End

First Quarter October 1-December 31, 2013

Protection and Advocacy for Beneficiaries of Social Security PABSS, Program Cathy Wingard, Coordinator

I. STATISTICS

Informational Inquiries	12
Cases Carried over from Previous Quarter	6
New Cases Opened	3
Total Clients Served	9
Total Number of Individuals Served	21
Cases Closed at End of Quarter	4
Cases on Hand at End of Quarter	5

II. REPRESENTATIVE CASE

“Debbie,” a Social Security Disability Insurance beneficiary, reported that she was experiencing a conflict with Indiana Vocational Rehabilitation Services (VRS) because she lost her job. IPAS agreed to fact find to determine if VRS had violated Debbie’s rights by requiring that she return a cell phone that they had provided her to aid her in a job search. Debbie explained to IPAS that the cell phone provided her access to a video phone service as well as helped her communicate via text messaging. Debbie is deaf and said she was in need of this type of communication device in order to communicate with perspective employers and/or co-workers. IPAS learned that VRS asked their client to return the phone because she had lost her job and was no longer in need of a phone. However, in the course of this investigation, Debbie found another job and needed the phone to maintain her job. VR agreed to allow her to keep the phone for this purpose and informed her that once her case was successfully closed, the phone ownership would be transferred to her.

III. LEGAL

Administrative Hearing: IPAS represented a client at an August 2013 administrative hearing challenging a decision by Vocational Rehabilitation Services (VRS) to find client ineligible for VR services and close her case. VRS provided client with one Trial Work Experience (TWE) to determine if client could benefit in terms of employment from the provision of VR services. IPAS argued that VRS did not provide client TWEs of a sufficient variety and over a sufficient period of time to make an appropriate determination. The Administrative Law Judge agreed and reversed VRS’s decision to close client’s case. As a result, VRS reopened client’s case and agreed to organize several TWEs for the client. A new TWE plan was agreed upon and this case was closed this quarter.

IV. PRIORITIES AND OBJECTIVES

Priority 1 Provide assistance to Social Security beneficiaries to secure or restore employment and support services from employment networks.

Objective:

101 Review complaints of improper or inadequate services provided to a beneficiary by a service provider, employer or other entity involved in the beneficiary’s return to work effort

Protection and Advocacy for Beneficiaries of Social Security PABSS, Program Cathy Wingard, Coordinator

IPAS assisted nine Social Security beneficiaries this quarter under the PABSS program. Issues reported by beneficiaries included problems in obtaining vocational rehabilitation services in order to obtain a job and problems obtaining assistive technology in order to keep a job. The following case highlights IPAS's ability to provide free legally-based services to assist individuals with disabilities.

"Jackie" called IPAS and requested assistance because Indiana Vocational Rehabilitation Services (VRS) determined she was not eligible for vocational services. Jackie stated that she really wanted to work but had been unable to obtain a job on her own. Although Jackie was a Social Security beneficiary and would typically be presumed eligible for VRS services per the Federal Rehabilitation Act, VRS had found her ineligible for their services based on one previously failed Trial Work Experience (TWE). IPAS fact-finding indicated that Jackie had several disabilities which may have presented barriers to successful completion of the TWE. Some of these barriers had not been assessed or addressed by VRS and the assessments that VRS used to determine eligibility were dated. IPAS represented Jackie at an administrative hearing and the hearing officer determined that VRS should provide Jackie another TWE. Jackie successfully completed another TWE and was found eligible for services. Jackie is now receiving the services she needs to obtain community employment.

Priority 2 Provide information and referral to Social Security beneficiaries about work incentives and employment.

Objectives:

201 Respond to requests for information and referral and technical assistance to Social Security beneficiaries about work incentives and employment, including information on the types of services and assistance that may be available to assist them in securing or regaining gainful employment.

IPAS intake responded to 12 individuals who had questions about their benefits and how working might affect those benefits.

202 Develop and disseminate transition materials to all transition aged students, aged 14 years through 22 years, in three Indiana school districts.

During the first quarter of the fiscal year, IPAS distributed more than 250 of the IPAS publication called "Transition Planning Guide-A Handbook for Parents." These were distributed at school sponsored transition fairs where advocates also set up exhibit booths and distributed other IPAS publications. The Greater Lafayette Special Education Services, Avon High School, Evansville Arc, and the Bartholomew County School Corporation received materials.

203 Conduct other outreach activities.

Other PABSS outreach this quarter included advocate presentations at three Indiana Vocational Services offices and at two SSA offices to discuss return-to-work incentives and how PABSS can assist beneficiaries in this endeavor. IPAS also surveyed a sheltered workshop this quarter to ensure

Protection and Advocacy for Beneficiaries of Social Security PABSS, Program Cathy Wingard, Coordinator

those employees understand their rights, especially their right to work in their communities if they choose to do so. Ongoing conversations continue with Indiana's SSA Work Incentive Project officers about benefit planning services and other service delivery to beneficiaries.

Priority 3 Representative Payee Monitoring

Objective:

301 Conduct financial review and interviews of SSDI and/or SSI beneficiaries whose benefits are being managed by a Representative Payee for the purpose of ensuring that their living conditions are safe (when the Representative Payee is also providing housing) and that their needs are being met.

The National Disability Rights Network (NDRN) and the Social Security Administration assigned IPAS seven additional Representative Payee surveys to complete by the end of the second quarter. During the first quarter, five surveys have been conducted and four final reports have been submitted to NDRN and approved. Two others are scheduled for submission at the start of the next quarter.

NDRN also shared recent national data about the work on this project. The report includes the following:

- 691 Payees have been reviewed
- 597 (86%) Payees were referred to SSA for follow up
- 397 (57%) Payees had at least 1 major problem found
- 200 (28%) Payees had at least 1 minor problem found
- Only 94 (13%) Payees had no problems found
- 177 Referrals were made to third parties
- 103 referrals made to the Protection and Advocacy system
- 74 referrals were made to local, state or federal agencies

As a result of being involved in this project, IPAS has made multiple referrals as well to an assortment of agencies including Indiana Vocational Rehabilitation and to other IPAS programs.

PABSS end

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LEISA BARBER
SPENCER COUNTY

VICKI COPELAND
HAMILTON COUNTY

AL EDYVEAN
HENDRICKS COUNTY

PAM KISER
TIPPECANOE COUNTY

JOAN NELSON
TIPPECANOE COUNTY

LYNDA SNIDER
PORTER COUNTY

DEBRA SWITZER
VANDERBURGH COUNTY

EXECUTIVE STAFF

GARY RICHTER
EXECUTIVE DIRECTOR

MELISSA KEYES
LEGAL SERVICES DIRECTOR

DAVID BOES
SUPPORT SERVICES
DIRECTOR//PAIMI
PROGRAM COORDINATOR

SUPPORT SERVICES

ANTHONY LIGGINS
DATA ENTRY CLERK

KAREN PEDEVILLA
EDUCATION & TRAINING
DIRECTOR

SONDRA POE
ADMINISTRATIVE
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**DORIS THOMPSON-
WILSON**
ACCOUNTANT

JUDITH I. WADE
ACCOUNTANT

**CLIENT AND LEGAL
SERVICES**

THOMAS CRISHON
ATTORNEY/PAIR PROGRAM
COORDINATOR

DAVID SMITH
ATTORNEY

KEITH BUTLER
ATTORNEY/PAAT/PAVA
PROGRAM COORDINATOR

AMY J. PENROD
ASSISTANT DIRECTOR OF
CLIENT SERVICES/PADD
PROGRAM COORDINATOR

CATHY WINGARD
ASSISTANT DIRECTOR OF
CLIENT SERVICES/CAP &
PATBI PABBS PROGRAM
COORDINATOR

MARY ALTER
ADVOCACY SPECIALIST

BONNIE BOMER
ADVOCACY SPECIALIST

DEBBIE DULLA
ADVOCACY SPECIALIST

CANDACE FEGLEY
ADVOCACY SPECIALIST

TINA FRAYER
ADVOCACY SPECIALIST

**ALLYSON
HAMMONDS**
ADVOCACY SPECIALIST

NATASHA HENRY
ADVOCACY SPECIALIST

DEON JONES
ADVOCACY SPECIALIST

**TONYA
PATTERSON**
ADVOCACY SPECIALIST

SHARI STITES
ADVOCACY SPECIALIST

**BONITA VAN DE
GRIFT**
ADVOCACY SPECIALIST

DANIEL WARD
ADVOCACY SPECIALIST

MICHELE WIND
ADVOCACY
SPECIALIST